

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736191 (8)

1. Corporation Name

TWELFTH HOUR HOLINESS TEMPLE, INC.



Principal Place of Business

Mailing Address

**209 WEST 11TH STREET
JACKSONVILLE 32 32206**

**P.O. BOX 12159
JACKSONVILLE FL 32209**

3. Date Incorporated or Qualified
06/24/1976

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 4629 Moncrief Rd W

26 Same as Above

4. FEI Number
58-1831925

Applied For
☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite # 5

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 Jacksonville, FL

28

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 32209

25

29

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, BETTY S.
8559 SPRING HARVEST LN W.
JACKSONVILLE FL 32244**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and Min. if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **TD NELSON, LOUISE B**
STREET ADDRESS **1811 WEST 22ND ST**
CITY - ST - ZIP **JACKSONVILLE, FL 00000**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **PD MOORE, PASTOR HERBERT**
STREET ADDRESS **8959 SPRING HARVEST**
CITY - ST - ZIP **JACKSONVILLE, FL 00000 32244**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D MOORE, BETTY S.**
STREET ADDRESS **8959 SPRING HARVEST**
CITY - ST - ZIP **JACKSONVILLE FL 32244**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **D WALTER CRAFT**
STREET ADDRESS **8317 LAWFIN ST. N**
CITY - ST - ZIP **JACKSONVILLE FL 32211**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D VINCENT G. SAMUELS**
STREET ADDRESS **1811 W. 22ND ST.**
CITY - ST - ZIP **JACKSONVILLE FL 32209**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **D WALKER, GEORGIAN**
STREET ADDRESS **6252 RESTLAWN DRIVE**
CITY - ST - ZIP **JACKSONVILLE FL**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty Samuels-Moore, Director BETTY Samuels-Moore 5/1/96 573-6426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)