

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -6 AM 6:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739257 (4)

1. Corporation Name

**THOMPSON TEMPLE F.B.H. CHURCH OF GOD OF THE AMERI
CAS, INC.**

Principal Place of Business

Mailing Address

**477 N.W. 12TH AVENUE
FT. LAUDERDALE FL 33311
US**

**4901 N.W. 17TH WAY
SUITE 406
FT. LAUDERDALE FL 33309
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1977

3a. Date of Last Report

03/14/1994

4. FBI Number

65-0266536

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FINE, STEVEN, P.A.
4901 N.W. 17TH WAY
SUITE 406
FT. LAUDERDALE FL 33309**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	THOMPSON, SR., LARRY
STREET ADDRESS	2760 NW 11TH ST
CITY - ST - ZIP	FT. LAUD FL
TITLE	VD
NAME	THOMPSON, LARRY ESQ
STREET ADDRESS	2760 NW 11TH ST
CITY - ST - ZIP	FT. LAUD FL
TITLE	SD
NAME	TAYLOR, KATHERINE
STREET ADDRESS	1471 NW 33RD AVE
CITY - ST - ZIP	FT. LAUD FL
TITLE	D
NAME	MCLEMORE, JO ANN
STREET ADDRESS	1206 NW 5TH ST
CITY - ST - ZIP	FT. LAUD FL
TITLE	TD
NAME	TAYLOR, LILLIE R
STREET ADDRESS	2945 N.W. 13TH STREET
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Larry Thompson

Larry Thompson Vice Director 4/6/95 (305) 583-7572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE