

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 # 746623 (8)

1. Corporation Name

EVANGEL TEMPLE MISSIONARY CHURCH, INC.

Principal Place of Business

P.O. BOX 907  
CENTURY FL 32535

Mailing Address

P.O. BOX 907  
CENTURY FL 32535



3. Date Incorporated or Qualified  
04/04/1979

3a. Date of Last Report  
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-2794078

Applied For  
Not Applicable

22

27

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

23

28

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

24

25

Country

29

30

Zip

Country

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

REID, MATTIE  
140 E. HECKER RD.  
CENTURY FL 32535

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME POTTER, JERRY  
STREET ADDRESS HOPE ROAD, BOX 1392  
CITY - ST - ZIP COLUMBUS MI

TITLE VD ☐ DELETE  
NAME BROGDON, J. R.  
STREET ADDRESS 1613 MARION ST.  
CITY - ST - ZIP VALDOSTA GA

TITLE VD ☐ DELETE  
NAME TRAMS, L. JUSTICE  
STREET ADDRESS RT. 3 BOX 112X  
CITY - ST - ZIP ALEXANDER CITY AL

TITLE VD ☐ DELETE  
NAME DAY, RON  
STREET ADDRESS RT 3 BOX 222A  
CITY - ST - ZIP DANVILLE AL

TITLE ST ☐ DELETE  
NAME REID, MATTIE  
STREET ADDRESS PO BOX 998/140 E HECKER  
CITY - ST - ZIP CENTURY FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME POTTER, JERRY  
1.3 STREET ADDRESS 69 CENTER ST. P.O. BOX 1392  
1.4 CITY - ST - ZIP COLUMBUS, MS. 39701

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE VD ☒ Change ☐ Addition  
3.2 NAME TRAVIS, L. JUSTICE  
3.3 STREET ADDRESS P.O. BOX 1300  
3.4 CITY - ST - ZIP ALEXANDER CITY, AL 35010

4.1 TITLE VD ☒ Change ☐ Addition  
4.2 NAME DAY, RON  
4.3 STREET ADDRESS 1585 NEEL SCHOOL RD.  
4.4 CITY - ST - ZIP DANVILLE, AL 35619

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 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:

Mattie Reid

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96

904-265-2396

Date

Daytime Phone #

CR2E037 (12/95)