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Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

P.O. BOX 907  
CENTURY FL 32535P.O. BOX 907  
CENTURY FL 32535-09073. Date Incorporated or Qualified  
04/04/19793a. Date of Last Report  
03/11/1996

2. Principal Place of Business

2a. Mailing Address

21 7821 Algen Rd.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City &amp; State

City &amp; State

Century, Fla.

24 Zip 32535

Country USA

29 Zip

Country

25

30

4. FEI Number

59-2794078

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME POTTER, JERRY  
STREET ADDRESS 69 CENTER STREET P.O. BOX 1392  
CITY-ST-ZIP COLUMBUS MI1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VD  
NAME BROGDON, J. R.  
STREET ADDRESS 1613 MARION ST.  
CITY-ST-ZIP VALDOSTA GA2.1 TITLE VD  
2.2 NAME BROGDON, J. R.  
2.3 STREET ADDRESS 3064 ACADEMY DR.  
2.4 CITY-ST-ZIP VALDOSTA, GA. 31601TITLE VD  
NAME TRAVIS, L. JUSTICE  
STREET ADDRESS P.O. BOX 1300  
CITY-ST-ZIP ALEXANDER CITY AL3.1 TITLE VD  
3.2 NAME TRAVIS, L. JUSTICE  
3.3 STREET ADDRESS 48 OMEGA LANE  
3.4 CITY-ST-ZIP ALEXANDER CITY, AL 35010TITLE VD  
NAME DAY, RON  
STREET ADDRESS 1585 NEEL SCHOOL ROAD  
CITY-ST-ZIP DANVILLE AL4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ST  
NAME REID, MATTIE  
STREET ADDRESS PO BOX 998/140 E HECKER  
CITY-ST-ZIP CENTURY FL5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1-20-97

904-256-2396

Date Daytime Phone # 0073423

CR2E037 (9/96)