

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90041 044 ****61.25

DOCUMENT # 748999

1. Entity Name

TEMPLE BEAUTIFUL CHURCH OF INDIANTOWN, INC.



Principal Place of Business

C/O ROSA BROWN
4304 BROOK AVE.
WEST PALM BEACH FL 33407

Mailing Address

C/O ROSA BROWN
4304 BROOK AVE.
WEST PALM BEACH FL 33407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, ROSA M
4304 BROOK AVE.
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOOD, HENRY
STREET ADDRESS 18900 N.W. 31ST AVENUE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE T
NAME CASH, ANNIE L
STREET ADDRESS 907 E 9TH ST
CITY-ST-ZIP STUART, FL 00000 ☐ Delete

TITLE SD
NAME BROWN, ROSA
STREET ADDRESS 4304 BROOKS AVE
CITY-ST-ZIP W PALM BEACH, FL 00000 ☐ Delete

TITLE D
NAME DOWLING, BARBARA
STREET ADDRESS P. O. BOX 1051 N/A
CITY-ST-ZIP INDIANTOWN, FL 0 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Henry Hood Henry Hood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-04

305-620-0405

Date

Daytime Phone #