

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90027 027 ****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

1st MOORE

CR2E037 (10/05)

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
Temple Beautiful Brown Rosa, M.
Street Address (P.O. Box Number is Not Acceptable)
PO Box 1324
14629 S.W. MLK Jr. Dr.
City
Indiantown FL Zip Code
34956

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

Rosa Brown

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

(NOTE: Registered Agent signature required when reappointing)

3-8-06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Barbara Dowling

3-8-06