

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90107 033 ****61.25

DOCUMENT # 750518

1. Entity Name
CHURCH OF GOD IN CHRIST TEMPLE, INC.



Principal Place of Business
**338 CHELSEA ST.
JACKSONVILLE, FL 32204**

Mailing Address
**338 CHELSEA ST.
JACKSONVILLE, FL 32204**

24043968



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2988764

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NESBITT, SAMUEL P
1241 W. 9TH STREET
JACKSONVILLE, FL 32209**

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

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT ☐ Delete
NAME NESBITT, SAMUEL P
STREET ADDRESS 1241 W. 9TH STREET
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE T ☐ Change ☒ Addition
NAME Session, Herman
STREET ADDRESS 2331 Myra Street
CITY-ST-ZIP Jacksonville, FL 32204

TITLE T ☐ Delete
NAME BARNWELL, THELMA V
STREET ADDRESS 673 WEST 17TH ST.
CITY-ST-ZIP JACKSONVILLE, FL 32209

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

TITLE ST ☐ Delete
NAME JOHNSON, JOSIE F
STREET ADDRESS 4715 ROANOKE BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32208

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

TITLE T ☒ Delete
NAME COLLINS, CLIFTON
STREET ADDRESS 6231 FAULKNER DR.
CITY-ST-ZIP JACKSONVILLE, FL 32244

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

TITLE T ☐ Delete
NAME NESBITT, MARY L
STREET ADDRESS 1241 W 9TH ST
CITY-ST-ZIP JACKSONVILLE, FL

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

TITLE T ☐ Delete
NAME THOMAS, LEROY
STREET ADDRESS 5330 ROANOKE BLVD
CITY-ST-ZIP JACKSONVILLE, FL

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

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: *Josie F. Johnson* **Josie F. Johnson** **4/14/04** **(904) 768-1237**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #