2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

DOCUMENT # 750518 1. Entity Name CHURCH OF GOD IN CHRIST TEMPLE, INC.						04-30-20	008 901	87 031	****61.	25
Principal Place of Business Mailing Address 338 CHELSEA ST. 338 CHELSEA ST JACKSONVILLE, FL 32204 JACKSONVILLE, F			14		6	00336	44			
2 Principal C	Name of Privileges - No P.O. Barris	2 Mailion Address								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				f 11441 46191 0 1401		EH EINL 11E	1 2:01: 0:01:0 10	illigh at 1884
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04202008	Chg-NP	(CR2E03	7 (12/06)	
City & State		City & State		. 1	4. FEI Numbe 59-298				 	oplied For
Zip	Country	Zip	Country	- ;	5. Certificate	of Status De	sired		\$8.75 Ad	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of	New Reg		Fee Require	····
NESBITT, SAMUEL P										
1241 W. 9TH STREET JACKSONVILLE, FL 32209			Street Ad	dress (P.0	D. Box Numbe	er is Not Acc	eptable)			
	•								·- <u></u>	
<u> </u>			City	_				FL	Zip Coo	
8. The above the obligat	named entity submits this statement to tions of registered agent.	or the purpose of changing its re	egistered office or	registered	agent, or bo	th, in the Stat	te of Floric	da. I am f	emiliar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE.	Registered Agent signatur		MAC (minetatuna)			DATE	==	
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	Filing Fee is \$61.25	9. Election Camp			_	10 10 mm	o ⊶ Mak	···	paväble t	0 - 3
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	\$	5.00 May B		Mak Florida	···	payable t	tate
10.	Due by May 1, 2008 OFFICERS AND DI	Trust Fund Co	paign Financing ontribution.	\$ AD	5.00 May B		· · · · · · · · · · · ·	e check a Depart	RECTORS IN	V 10
10. TITLE NAME	Due by May 1, 2008	Trust Fund Co	paign Financing ontribution.	T AD	5.00 May B dded to Fees	ANGES TO C	OFFICERS	e check a Depart		
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I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 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 abachment with an address, with all other like empowered.

SIGNATURE: JOHNSON SIGNATURE AND TYPED OR PREDED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/08 (904)768-1237