FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **753577** **(6)**

1. Corporation Name

GOSPEL TEMPLE OF PENSACOLA, FLORIDA, INC.

Principal Place of Business	Mailing Address
3626 NORTH O STREET PENSACOLA FL 32505	3626 NORTH O STREET PENSACOLA FL 32505

3. Date Incorporated or Qualified: **08/01/1980**

3a. Date of Last Report: **02/27/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-2502588** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, WILLIE MAE
324 W HERMAN ST
PENSACOLA FL 32505

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTR	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SMITH, WILLIE MAE		1.2 NAME	REDMOND, RAYMOND	
STREET ADDRESS	324 W HERMAN ST		1.3 STREET ADDRESS	99 N JUNIPER ST	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	WALNUT HILL FL 32568	
TITLE	VTR	☐ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	REIDS, DAFNIE		2.2 NAME	REIDS, DAFNIE	
STREET ADDRESS	7430 COBB LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	RHODES, DELOIS		3.2 NAME	RHODES, DELOIS	
STREET ADDRESS	6207 CHICAGO AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHOWERS, LEANDER		4.2 NAME		
STREET ADDRESS	46 N CYPRESS ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	WALNUT HILL FL		4.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILEY, ELOUISE R		5.2 NAME		
STREET ADDRESS	6840 FIELDS LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	6.1 TITLE	S/D	☒ Change ☐ Addition
NAME	SIMMONS, BRENDA		6.2 NAME	SIMMONS, BRENDA	
STREET ADDRESS	1800 WEST GADSDEN ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. ELDER WILLIE MAE SMITH,

SIGNATURE: Elder Willie Mae Smith-Pres. Overseer & Pastor 4-15-96 (904)438-1734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)