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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753577
 1. Corporation Name
GOSPEL TEMPLE OF PENSACOLA, FLORIDA, INC.

Principal Place of Business 3626 NORTH O STREET PENSACOLA FL 32505	Mailing Address 3626 NORTH O STREET PENSACOLA FL 32505
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/01/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2502588
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	SMITH, WILLIE MAE 324 W HERMAN ST PENSACOLA FL	1.1 TITLE PTR	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		1.2 NAME	SMITH, WILLIE MAE
STREET ADDRESS		1.3 STREET ADDRESS	2220 W. Herman Ave.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	PENSACOLA, FL
TITLE VD	REIDS, DAFNIE 7430 COBB LANE PENSACOLA FL	2.1 TITLE TR	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		2.2 NAME	REDMOND, RAYMOND
STREET ADDRESS		2.3 STREET ADDRESS	99 JUNIPER ST.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	WALNUT HILL, FL
TITLE TD	RHODES, DELOIS 6207 CHICAGO AVE PENSACOLA FL	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE TR	SHOWERS, LEANDER 46 N CYPRESS ST WALNUT HILL FL	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE TR	WILEY, ELOUISE R 6840 FIELDS LANE PENSACOLA FL	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE SD	SIMMONS, BRENDA 1800 WEST GADSDEN ST. PENSACOLA FL	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Willie Mae Smith* SIGNATURE REQUIRED
 3-23-99 (850) 438-1734
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037-11/981