2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State
04-20-2004 90018 011 ****70.00

DOCUMENT # 753577

1. Entity Name

GOSPEL TEMPLE OF PENSACOLA, FLORIDA, INC.

24048940

MOORE CR2E037 (11/03)

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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
SMITH, WILLIE MAE 2220 W. HERMAN AVE PENSACOLA FL 32505	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTR SMITH, WILLIE MAE 2220 W HERMAN AVE PENSACOLA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE REDMOND, RAYMOND CLYDE 99 JUNIPER ST. WALNUT HILL, FLORIDA	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REIDS, DAFNIE 7430 COBB LANE PENSACOLA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RHODES, DELOIS 6207 CHICAGO AVE PENSACOLA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR SHOWERS, LEANDER 46 N CYPRESS ST WALNUT HILL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR WILEY, ELOUISE R 6840 FIELDS LANE PENSACOLA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SIMMONS, BRENDA 3089 MYRSHINE DR. PENSACOLA FL 32506	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MITCHELL, BRENDA 3089 MYRSHINE DR. PENSACOLA, FL 32506	☒ Change ☐ Addition

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: Willie Mae Smith Willie Mae Smith 3-28-04 850-438-9784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #