

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90147 036 ****70.00

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1. Entity Name

GOSPEL TEMPLE OF PENSACOLA, FLORIDA, INC.



Principal Place of Business

**3626 NORTH Q STREET
PENSACOLA FL 32505**

Mailing Address

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE	PTR	<input type="checkbox"/> Delete
NAME	SMITH, WILLIE MAE	
STREET ADDRESS	2220 W HERMAN AVE	
CITY- ST- ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REIDS, DAFNIE	
STREET ADDRESS	7430 COBB LANE	
CITY- ST- ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RHODES, DELOIS	
STREET ADDRESS	6207 CHICAGO AVE	
CITY- ST- ZIP	PENSACOLA FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	SHOWERS, LEANDER	
STREET ADDRESS	46 N CYPRESS ST	
CITY- ST- ZIP	WALNUT HILL FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	WILEY, ELOUISE R	
STREET ADDRESS	6840 FIELDS LANE	
CITY- ST- ZIP	PENSACOLA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MITCHELL, BRENDA	
STREET ADDRESS	3089 MYRSHINE DR.	
CITY- ST- ZIP	PENSACOLA FL 32506	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REDMOND, RAYMOND CLYDE	
STREET ADDRESS	99 JUNIPER STREET	
CITY- ST- ZIP	WALNUT HILL, FLORIDA 32568	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: Elder Willie Mae Smith

Willie Mae Smith

3/29/06