

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753577

FILED
Feb 01, 2009
Secretary of State

Entity Name: GOSPEL TEMPLE OF PENSACOLA, FLORIDA, INC.

Current Principal Place of Business:

3626 NORTH Q STREET
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

3626 NORTH Q STREET
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 59-2502588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WILLIE MAE
2220 W. HERMAN AVE
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTR () Delete
Name: SMITH, WILLIE MAE,
Address: 2220 W HERMAN AVE
City-St-Zip: PENSACOLA, FL

Title: VD () Delete
Name: REIDS, DAFNIE,
Address: 7430 COBB LANE
City-St-Zip: PENSACOLA, FL

Title: TD () Delete
Name: RHODES, DELOIS,
Address: 6207 CHICAGO AVE
City-St-Zip: PENSACOLA, FL

Title: TR () Delete
Name: REDMOND, RAYMOND
Address: 99 JUNIPER ST
City-St-Zip: WALNUT HILL, FL 32568

Title: TR () Delete
Name: WILEY, ELOUISE R
Address: 6840 FIELDS LANE
City-St-Zip: PENSACOLA, FL

Title: SD () Delete
Name: MITCHELL, BRENDA
Address: 3089 MYRSHINE DR.
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE MAE SMITH

PTR

02/01/2009

Electronic Signature of Signing Officer or Director

Date