2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# 756457

Entity Name: WILLIAM'S TEMPLE CHRISTIAN METHODIST EPISCOPAL CHURCH, INCORPORATED

Current Principal Place of Business:

301 QUENTIN AVENUE N.W.
WINTER HAVEN, FL 33885

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3013
WINTER HAVEN, FL 33885

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOORE, PARIS
2055 9TH LANE N.E.
WINTER HAVEN, FL 33881 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: CSD ( ) Delete
Name: MCRAY, VELMA
Address: 2125 EDWIN ST., N.W.
City-St-Zip: WINTER HAVEN, FL 33881

Title: T ( ) Delete
Name: MILLS, CALVIN
Address: 312 AVE., NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: T ( ) Delete
Name: SCOTT, LEONA
Address: 1722 3RD ST., NW. APT B
City-St-Zip: WINTER HAVEN, FL 33881

Title: PAST ( ) Delete
Name: MOORE, PARIS LEE REV
Address: 2055 9TH LANE N.W.
City-St-Zip: WINTER HAVEN, FL 33881

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: RUFFIN, JAMES T
Address: 950 AVE. O NW.
City-St-Zip: WINTER HAVEN, FL 33881

Title: T ( ) Change (X) Addition
Name: HUNTER, MAXIE E T
Address: 228 COLLEGE GROVE CIRCLE
City-St-Zip: WINTER HAVEN, FL 33881

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: MAXIE EUGENE HUNTER T 03/02/2009

Electronic Signature of Signing Officer or Director — Date