

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 6:10

DOCUMENT # **761327** (6)

1. Corporation Name

GOD'S TEMPLE, INC.

Principal Place of Business

Mailing Address

**1416 CARLTON PKWY.
BARTOW FL 33830**

**1416 CARLTON PKWY.
BARTOW FL 33830**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1981

3a. Date of Last Report

02/25/1994

4. FBI Number

59-2894643

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARLINE, REV. JOSEPH F.
1416 CARLTON PKWY
BARTOW FL 33830**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	ARLINE, RITA F.
STREET ADDRESS	1416 CARLTON PKWY
CITY - ST - ZIP	BARTOW, FL 00000
TITLE	PD
NAME	ARLINE, JOSEPH F., REV.
STREET ADDRESS	1416 CARLTON PKWY
CITY - ST - ZIP	BARTOW, FL 00000
TITLE	VD
NAME	TATE, FRANCES
STREET ADDRESS	6047 CALENDER COURT E
CITY - ST - ZIP	LAKELAND FL
TITLE	VD
NAME	JOHNSON, KAYLA D
STREET ADDRESS	200 AVE "K" SE 144
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	VD
4.3 STREET ADDRESS	COTHRON, DWAYNE D.
4.4 CITY - ST - ZIP	4416 PIPKIN RD. S
	LAKELAND, FL 33011
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Rev. Joseph F. Arline**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

REV. JOSEPH F. ARLINE

3/24/95

Date

018-534-0189

Officer's Name