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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761327

1. Corporation Name

GOD'S TEMPLE, INC.

Principal Place of Business

1416 CARLTON PKWY.
BARTOW FL 33830

Mailing Address

1416 CARLTON PKWY.
BARTOW FL 33830



2. Principal Place of Business

21 1414 CARLTON PKWY

2a. Mailing Address

26 1414 CARLTON PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 BARTOW, FL

City & State

28 BARTOW, FL

Zip

24 33830

Country

25 POLK

Zip

29 33830

Country

30 POLK

3. Date Incorporated or Qualified

12/31/1981

4. FEI 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name ARLINE, REV. JOSEPH F.

82 Street Address (P.O. Box Number is Not Acceptable)
1414 CARLTON PKWY

83

84 City BARTOW

FL

85 Zip Code 33830

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD ☐ DELETE
NAME ARLINE, RITA F.
STREET ADDRESS 1416 CARLTON PKWY
CITY-ST-ZIP BARTOW, FL 00000

TITLE PD ☐ DELETE
NAME ARLINE, JOSEPH F., REV.
STREET ADDRESS 1416 CARLTON PKWY
CITY-ST-ZIP BARTOW, FL 00000

TITLE VD ☐ DELETE
NAME HALL, FRANCES
STREET ADDRESS 6047 CALENDAR COURT E
CITY-ST-ZIP LAKE LAND FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME HILL, REV. JOHN
1.3 STREET ADDRESS 1416 CARLTON PKWY
1.4 CITY-ST-ZIP BARTOW, FL 33830

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
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-99

Date

941-533-5890

Daytime Phone #

CR2E037 (1/1/98)