

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 AM
Secretary of State

DOCUMENT # 762476

1. Entity Name
THE WAY OF HOLINESS EVANGELIST TEMPLE, INC.



Principal Place of Business
**1311 IOWA AVE
LYNN HAVEN, FL 32444 US**

Mailing Address
**1311 IOWA AVE.
LYNN HAVEN, FL 32444 US**



01122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0050500

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DENNIS, JOE R
1311 IOWA AVE
LYNN HAVEN, FL 32444**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DENNIS, JOE R.
1311 IOWA AVENUE
LYNN HAVEN, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BLACK, BONNIE C.
1407 MERCEDES #E
PANAMA CITY, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VDS
DENNIS, DOROTHY L.
1311 IOWA AVENUE
LYNN HAVEN, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000845439
03/13/08-80039-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joe R. Dennis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/08 850-265-0552
Date Daytime Phone #