

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 764509 (6)**

1. Corporation Name  
**THE TEMPLE OF JESUS CHRIST, INC.**



Principal Place of Business  
**437 NORTHWOOD RD  
WEST PALM BEACH FL 33407  
US**

Mailing Address  
**1531 DREXEL RD.  
LOT 344  
WEST PALM BEACH FL 33417**

3. Date Incorporated or Qualified **08/10/1982**      3a. Date of Last Report **04/27/1995**

2. Principal Place of Business **21**      2a. Mailing Address **26**

4. FEI Number **59-2405455**      Applied For  Not Applicable

Suite, Apt. #, etc. **22**      Suite, Apt. #, etc. **27**

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

City & State **23**      City & State **28**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip **24**      Country **25**      Zip **29**      Country **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SMITH, PASTOR MARVIN  
1531 DREXEL ROAD  
LOT 344  
WEST PALM BEACH FL 33417**

**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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MARVIN	1 2 NAME	
STREET ADDRESS	1531 DREXEL ROAD LOT 344	1 3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	1 4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIDE, FLORENCE	2 2 NAME	Carney, Janet
STREET ADDRESS	5909 PINWOOD AVE	2 3 STREET ADDRESS	1125 8th Street, Apt. #1
CITY-ST-ZIP	W. PALM BEACH FL	2 4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	TD <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, EDWARD B.	3 2 NAME	
STREET ADDRESS	1090 W 28TH #2	3 3 STREET ADDRESS	
CITY-ST-ZIP	RIVERA BEACH FL	3 4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ANNETTE	4 2 NAME	Williams, Annette
STREET ADDRESS	1125 8TH ST APT 1	4 3 STREET ADDRESS	4829 N. Bimini Cicle
CITY-ST-ZIP	W PALM BCH FL	4 4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	C <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKIN, JEANETTE	5 2 NAME	
STREET ADDRESS	966 32ND WINSOR	5 3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marvin Smith, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 407-686-6315  
Date Daytime Phone #

CR2E037 (12/95)