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May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33417-4241

3. Date Incorporated or Qualified: 08/10/1982  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 59-2405455  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent  
SMITH, PASTOR MARVIN  
1531 DREXEL ROAD  
LOT 344  
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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 |                          | DELETE                              |
|----------------------------|--------------------------|-------------------------------------|
| TITLE                      | PD                       | <input type="checkbox"/>            |
| NAME                       | SMITH, MARVIN            |                                     |
| STREET ADDRESS             | 1531 DREXEL ROAD LOT 344 |                                     |
| CITY - ST - ZIP            | W. PALM BEACH FL         |                                     |
| TITLE                      | DV                       | <input type="checkbox"/>            |
| NAME                       | CARNEY, JANET            |                                     |
| STREET ADDRESS             | 1125 8TH STREET APT 1    |                                     |
| CITY - ST - ZIP            | WEST PALM BEACH FL       |                                     |
| TITLE                      | TD                       | <input type="checkbox"/>            |
| NAME                       | POWELL, EDWARD B.        |                                     |
| STREET ADDRESS             | 1090 W 28TH #2           |                                     |
| CITY - ST - ZIP            | RIVIERA BEACH FL         |                                     |
| TITLE                      | S                        | <input type="checkbox"/>            |
| NAME                       | WILLIAMS, ANNETTE        |                                     |
| STREET ADDRESS             | 4829 NORTH BIMINI CIRCLE |                                     |
| CITY - ST - ZIP            | WEST PALM BEACH FL       |                                     |
| TITLE                      | C                        | <input checked="" type="checkbox"/> |
| NAME                       | WATKIN, JEANETTE         |                                     |
| STREET ADDRESS             | 968 32ND WINSOR          |                                     |
| CITY - ST - ZIP            | WEST PALM BEACH FL       |                                     |
| TITLE                      |                          | <input type="checkbox"/>            |
| NAME                       |                          |                                     |
| STREET ADDRESS             |                          |                                     |
| CITY - ST - ZIP            |                          |                                     |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                         | Change                              | Addition                 |
|---|-------------------------|-------------------------------------|--------------------------|
| 1.1 TITLE   |                         | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1.2 NAME  |                         |                                     |                          |
| 1.3 STREET ADDRESS                                    |                         |                                     |                          |
| 1.4 CITY - ST - ZIP                                   |                         |                                     |                          |
| 2.1 TITLE   |                         | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2.2 NAME  |                         |                                     |                          |
| 2.3 STREET ADDRESS                                    |                         |                                     |                          |
| 2.4 CITY - ST - ZIP                                   |                         |                                     |                          |
| 3.1 TITLE   |                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME  |                         |                                     |                          |
| 3.3 STREET ADDRESS                                    | 3401 Avenue R.          |                                     |                          |
| 3.4 CITY - ST - ZIP                                   | Riviera Beach, FL 33404 |                                     |                          |
| 4.1 TITLE   |                         | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.2 NAME  |                         |                                     |                          |
| 4.3 STREET ADDRESS                                    |                         |                                     |                          |
| 4.4 CITY - ST - ZIP                                   |                         |                                     |                          |
| 5.1 TITLE   |                         | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.2 NAME  |                         |                                     |                          |
| 5.3 STREET ADDRESS                                    |                         |                                     |                          |
| 5.4 CITY - ST - ZIP                                   |                         |                                     |                          |
| 6.1 TITLE   |                         | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.2 NAME  |                         |                                     |                          |
| 6.3 STREET ADDRESS                                    |                         |                                     |                          |
| 6.4 CITY - ST - ZIP                                   |                         |                                     |                          |

14. I do 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, as changed, or in an other appropriate address.

SIGNATURE: *Pastor Marvin Smith* President  
Date: 4-13-97  
Daytime Phone: 561-686-6315

CR2E037 (9/96)