FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:09

DOCUMENT # 766323 (0)

1. Corporation Name
CHRIST TEMPLE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
3190 WEDGEWOOD AVENUE JACKSONVILLE FL 32209	3190 WEDGEWOOD AVENUE JACKSONVILLE FL 32209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1982
3a. Date of Last Report: 09/07/1994
4. FEI Number: 59-2669573 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business: 3142 W. Edgewood Av
22 Suite, Apt. #, etc.:
23 City & State: Jacksonville, Fl
24 Zip: 32209
25 Country: Duval

26 2a. Mailing Address: 6104 Japonica Rd. W
27 Suite, Apt. #, etc.:
28 City & State: Jacksonville, Fl
29 Zip: 32209
30 Country: Duval

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 601(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

9. Name and Address of Current Registered Agent

HAMPTON, FRANK
3190 W. EDGEWOOD AVENUE
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name: Rachel H. Malloy
82 Street Address (P.O. Box Number is Not Acceptable): 6104 Japonica Road W.
83
84 City: Jacksonville FL 85 Zip Code: 32209

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: Rachel H. Malloy — Rachel H. Malloy — 2/1/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☑ Change ☐ Addition
NAME	WELLS, WILLIE, JR.	1.2 NAME	Jacquline Mongal
STREET ADDRESS	4216 LOCKART DRIVE	1.3 STREET ADDRESS	5857 Thurgood Circle N.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, Fl 32219
TITLE	VD	2.1 TITLE	VD ☑ Change ☐ Addition
NAME	MALLOY, RACHEL	2.2 NAME	Clifford Goff, Sr
STREET ADDRESS	6104 JAPONICA RD.	2.3 STREET ADDRESS	12632 Hidden Circle, W.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, Fl 32225
TITLE	STD	3.1 TITLE	☑ Change ☐ Addition
NAME	BONDENS, MAXIE	3.2 NAME	FP Goff, Phyllis
STREET ADDRESS	1195 W 27TH ST.	3.3 STREET ADDRESS	12632 Hidden Circle, W
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, Fl 32225
TITLE	C	4.1 TITLE	☐ Change ☐ Addition
NAME	HAMPTON, FRANK	4.2 NAME	
STREET ADDRESS	3190 W. EDGEWOOD AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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.

SIGNATURE: Rachel H. Malloy — Rachel H. Malloy — 2/1/95 — (904) 765-4230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028201