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NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

Apr 10 1996 8:00 am

Secretary of State

DOCUMENT # 766323 (0)

1. Corporation Name

CHRIST TEMPLE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

3142 W EDGEWOOD AVE
JACKSONVILLE FL 32209
US

6104 JAPONICA ROAD W
JACKSONVILLE FL 32209
US



3. Date Incorporated or Qualified
12/28/1982

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2669573

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

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

MALLOY, RACHEL H.
6104 JAPONICA ROAD W
JACKSONVILLE FL 32209

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

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	MONGAL, JACQUELIN	5857 THURGOOD CIR N	JACKSONVILLE FL	<input checked="" type="checkbox"/>
VD	GOFF, CLIFFORD S	12632 HIDDEN CIR W	JACKSONVILLE FL	<input checked="" type="checkbox"/>
TD	GOFF, PHYLLIS	12632 HIDDEN CIR W	JACKSONVILLE FL	<input checked="" type="checkbox"/>
C	HAMPTON, FRANK	3190 W. EDGEWOOD AVENUE	JACKSONVILLE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	Frank Hampton, Sr	3190 W. Edgewood Avenue	Jacksonville, Florida	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	Jacquelin Mongal	5857 Thurgood Cir N.	Jacksonville, Florida	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Clifford Goff	12632 Hidden Cir. W.	Jacksonville, Florida	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SR	Phyllis Goff	12632 Hidden Cir. W.	Jacksonville, Florida	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Gilda M. Thredercraft	5345 Mays Rd.	Jacksonville, Florida	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)