

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90027 034 ****61.25

DOCUMENT # 766323

1. Corporation Name

CHRIST TEMPLE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business
3142 W EDGEWOOD AVE
JACKSONVILLE FL 32209
US

Mailing Address
3142 W EDGEWOOD AVE
JACKSONVILLE FL 32209
US

311440 - 90027 - 34



2. Principal Place of Business

21 3142 W. Edgewood Ave

Suite, Apt. #, etc.

22 Jacksonville, FL

City & State

23 32209 US

Zip Country

24 25

2a. Mailing Address

26 3142 W. Edgewood Ave

Suite, Apt. #, etc.

27 Jacksonville, FL

City & State

28 32208 US

Zip Country

29 30

3. Date Incorporated or Qualified

12/28/1982

4. FEI Number

59-2669573

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

9. Name and Address of Current Registered Agent

MALLOY, RACHEL H
6104 JAPONICA ROAD W
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

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 Rachel H. Malloy Rachel H. Malloy

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/6/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HAMPTON, FRANK S
STREET ADDRESS 3190 W EDGEWOOD AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☐ DELETE

NAME MORGAN, JACQUELIN
STREET ADDRESS 5857 THURGOOD CIR N
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ DELETE

NAME GOFF, CLIFFORD
STREET ADDRESS 12632 HIDDEN CIR W
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ DELETE

NAME GOFF, PHYLLIS
STREET ADDRESS 12632 HIDDEN CIR W
CITY-ST-ZIP JACKSONVILLE FL

TITLE C ☐ DELETE

NAME THRADERAFT, GILDA M
STREET ADDRESS 5345 MAYS DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gilda M. Threadcraft 3/23/99 (904) 231-7169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)