2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 21, 2004 8:00 am Secretary of State **DOCUMENT # 766323** 1. Entity Name 04-21-2004 90066 034 ****61.25 CHRIST TEMPLE MISSIONARY BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 3142 W EDGEWOOD AVE PO BOX 9691 JACKSONVILLE FL 32209 US JACKSONVILLE FL 32208 3. Mailing Address 2. Principal Place of Business Box Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State 4. FEI Number Applied For 59-2669573 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Malloc MALLOY, RACHEL H Box Number is Not Aggentable) 6104 JAPONICA ROAD W JACKSONVILLE FL 32209 sonville 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to П Trust Fund Contribution. Added to Fees Due By May 1, 2004 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, OFFICERS AND DIRECTORS 11. Delete TITLE ☐ Addition GLOVER, LYNDAH M NAME NAME 8947 WASHINGTON AVENUE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE Change ☐ Addition RANDALL, BRENDA M NAME NAME 6109 CARNATION ROAD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete TITLE Change Addition RACHEL, MALLOY H-NAME 6104 JAPONICA RD W STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32209 CITY-ST-ZIP CITY-ST-ZIP TD TITLE ☐ Change TITLE Delete ☐ Addition GOFF, PHYLLIS NAME NAME 12632 HIDDEN CIR W STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition 1943 Monterey Bay Dr. THREADCRAFT, GILDA M NAME NAME 5345 MAYS DR STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition CLIFFORD, GOFF NAME NAME 12632 HIDDEN CIRCLE W STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if

FILED

Date