## FILED Jun 14, 2001 8:00 am Secretary of State

1. Entity Name					05-15-2001 90165 029 ****61.25				
TEMPLE	OF GOD IN CHRIST, INC.			) [					
Principal Place of Business		Mailing Address			:				
421.2 ANBERRIDGE LANE E. VALRICO FL 33594		4212 ANBERRIDGE LANE E. VALRICO FL 33594							
					1 / 2 2 10 2 2 4	ir <b>da</b> iri darin <b>ed</b> iri adki dari	IL <b>ed</b> kir derik teren ediki 1	<b>1110 (10)1 (301</b> 1	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 52 – 22/2737   Applied For Not Applicable				
Zip Country		Zip	Country	5	. Certificate of	Status Desired [	\$8.75 Add		1
	6. Name and Address of Current	Registered Agent			. Name and A	ddress of New Regis			┪.
	Name				<u> </u>		7		
	, bishop w Berridge LN e.	Street Address		Address (P.O	(P.O. Box Number is Not Acceptable)				
VALRICO FL 33594		•		<del></del> -					1
			City				FL Zip Cod	<del>e</del> _	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signs	sture required whe	m reinstading)		DATE		     
FILE NOW: FEE IS \$61.25					May Be d to Fees Make Check Payable to Department of State				
10.	OFFICERS AND DIE	RECTORS	11.	ADD	DITIONS/CHAN	IGES TO OFFICERS A	ND DIRECTORS IN	10	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD JENKINS, WALTER 4212 AMBERRIDGE VALRICO FL	Delete	TITLE HAME STREET ADDRESS CITY-ST-ZIP				Change	Addialon	CR2E037 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JENKINS, CHRISTINE 4212 AMBERRIDGE VALRICO FL	☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	SPS
TITLE NAME STATET ADDRESS CITY-ST-ZIP	S SERVICE, JAMES W 3706 MINDEDAHL RD PLANT CITY FL		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Jenkii 4212 VALRIC	ns. Chir Amber O FL.	istine Ridge In.E.	Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	T ALLENDER, JOHN 721 21ST RUSKIN FL	(2) Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP	305	BRUANT	HEUW LD	コンタイパー Biguado	Add/tion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, REGINALD 10126 WOODBERRY TAMPA FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ų.		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS IV, WALTER 101 AMERICAN CENTER PL TAMPA FL ertify that the information supplied with	Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
THE PROPERTY OF	CILITY WIRE THE INTOMINATION SUDDINED WITH	una ming goes not quality for (fi	e exemption stat	iea in Section	1 + 19.07(3)(1). /	-torida Statutės. I turthi	er cedity that the in	tormation (	

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

SIGNATURE:

SOCIAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

4-25-01