

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**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90011 009 \*\*\*\*61.25

03-17-1999 90011 010 \*\*\*\*\*8.75

**DOCUMENT # F97000002047**

1. Corporation Name

**ADOPTION TEMPLE OF JESUS CHRIST INC.**

Principal Place of Business

2801-B ORANGE AVE  
FT PIERCE FL 34947

Mailing Address

509 NORTH 31ST ST.  
FT PIERCE FL 34947  
US



2. Principal Place of Business

21 **509 1/2 Texas Ct.**

Suite, Apt. #, etc.

2a. Mailing Address

26 **903 North 21st St**

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**04/18/1997**

4. FEI Number

**58-2296549**

Applied For

Not Applicable

City & State

23 **Fort Pierce, FL.**

Zip

**34950**

Country

25 **St. Lucie**

City & State

28 **Fort Pierce, FL.**

Zip

**34950**

Country

30 **St. Lucie**

5. Certificate of Status Desired ☒

**\$8.75** Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be

Added to Fees

9. Name and Address of Current Registered Agent

TAYLOR, LEE T  
509 N 31ST ST  
FT PIERCE FL 34947

10. Name and Address of New Registered Agent

81 Name

**Lee T. Taylor**

82 Street Address (P.O. Box Number is Not Acceptable)

**903 North 21st Street**

83

84 City **Fort Pierce**

**FL**

85 Zip Code

**34950**

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

TITLE ☐ DELETE  
NAME DCP  
STREET ADDRESS TAYLOR, SAMUEL BISHOP  
RT 5 BOX 669  
CITY-ST-ZIP MANNING SC 29102

TITLE ☐ DELETE  
NAME DC  
STREET ADDRESS TAYLOR, HANNAH MAE  
RT 5 BOX 669  
CITY-ST-ZIP MANNING SC 29102

TITLE ☐ DELETE  
NAME DS  
STREET ADDRESS STEVENS, MARCIA  
RT 5 BOX 669  
CITY-ST-ZIP MANNING SC 29102

TITLE ☐ DELETE  
NAME DV  
STREET ADDRESS TAYLOR, LEE T  
509 N 31ST ST  
CITY-ST-ZIP FT PIERCE FL 34947

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS TAYLOR, DOROTHY  
509 N 31ST ST  
CITY-ST-ZIP FT PIERCE FL 34947

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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 465-1899

CR2E037 (11/98)

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