

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000004854**

1. Entity Name

FLOWERS TEMPLE CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business

733 W. LYMAN AVE.  
WINTER PARK FL 32789

Mailing Address

733 W. LYMAN AVE.  
WINTER PARK FL 32789



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3406692

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINGO, JOHNNIE M  
78 ARGOS AVE.  
ORLANDO FL 32811

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	LINGO, JOHNNIE	
STREET ADDRESS	733 W. LYMAN AVE.	
CITY- ST- ZIP	WINTER PARK FL 32789	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOYER, CLEM L	
STREET ADDRESS	180 ROSEWIND TRAIL	
CITY- ST- ZIP	MAITLAND FL 32751	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WALTON, EMMA	
STREET ADDRESS	420 W. CANTON AVE.	
CITY- ST- ZIP	WINTER PARK FL 32789	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAINEY, MARY D	
STREET ADDRESS	239 GREENS END STREET	
CITY- ST- ZIP	ORLANDO FL 32810	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCGEE, CALANDER	
STREET ADDRESS	2487 RAVENDELL AVE	
CITY- ST- ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

U00000901958  
04/29/08-80030-006 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Johnnie Lingo (Johnnie Lingo) 4/13/08*