


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 Mailing Address
733 W. LYMAN AVE. **733 W. LYMAN AVE.**
WINTER PARK FL 32789 **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 Applied For
59-3406692 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LINGO, JOHNNIE M
78 ARGOS AVE.
ORLANDO FL 32811

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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*