

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

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|---|---|---|--|---|--|
| DOCUMENT # N00000006323 1. Entity Name HOLY TEMPLE CHURCH OF THE LIVING GOD, INCORPORATED | | | | | |
| Principal Place of Business 240 N. LAKE AVE. TAVARES FL 32778 | | Mailing Address 240 N. LAKE AVE. TAVARES FL 32778 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent PALMER, MINNIE L 1010 E. 9TH AVE. MT. DORA FL 32757 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY-ST-ZIP | PD PALMER, ROBERT L 240 N. LAKE AVE. TAVARES FL 32778 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 400041794184 10/11/04--01066--001 **\$61.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDS PALMER, MINNIE L 240 N. LAKE AVE. TAVARES FL 32778 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 400041794184 10/11/04--01066--002 **\$0.25 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WESTBROOK, ALBERT 240 N. LAKE AVE. TAVARES FL 32778 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 400041794184 11/01/04--01074--010 **\$175.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHARP, LUELLA 240 N. LAKE AVE. TAVARES FL 32778 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 400041794184 11/01/04--01074--011 **\$8.75 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <i>Robert L. Palmer</i> | | | 8-13-04 (352) 455-1217 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |

FILED

04 NOV -1 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2004
MOORE CR2E037 11/03

4. FEI Number **59-3461788**
☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

Name

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

City

FL

Zip Code