

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

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90721 040 \*\*\*\*70.00

**DOCUMENT # N00000006459**

1. Entity Name

**CHE-BAR TEMPLE COMMUNITY CHURCH OF THE LIVING  
GOD, INC.**



Principal Place of Business

**3500 N PEARL ST  
JACKSONVILLE FL 32206**

Mailing Address

**PO BOX 13117  
JACKSONVILLE FL 32206-1117**

2. Principal Place of Business

**3500 N PEARL ST**  
Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 13117**  
Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

**JACKSONVILLE FL**

City & State

**JACKSONVILLE FL**

4. FEI Number

**31-1758324**

Applied For

Not Applicable

Zip

**32206**

Country

**US**

Zip

**32206**

Country

**US**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, WILLIAM Deceased**  
**843 ALDERMAN RD., APT 573**  
**JACKSONVILLE FL 32211**

7. Name and Address of New Registered Agent

Name **Stephanie Nesmith**

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

**436 W 25th ST**

City

**JACKSONVILLE**

FL

Zip Code

**32206**

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, 2004**

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 **PD**  
NAME **WHITE, WILLIAM Deceased** ☒ Delete  
STREET ADDRESS **843 ALDERMAN RD., APT 573 436 W 25th ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32211 06**

TITLE **D** ☐ Delete  
NAME **WHITE, JESSIE M**  
STREET ADDRESS **843 ALDERMAN RD., APT 573 436 W 25th ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32211 06**

TITLE **D** ☐ Delete  
NAME **LEE, TOMMIE**  
STREET ADDRESS **1510 WIGMORE ST.**  
CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  
NAME **STEPHANIE NESMITH** ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Jessie Mae White**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11-16-04 904 374-5551**