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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

561294 - 90084 - 11

DOCUMENT # N00842

1. Corporation Name

THE TRUE TEMPLE CHURCH OF GOD OF APOSTOLIC FAITH , INC:

Principal Place of Business	Mailing Address
217 NORTH 11TH STREET PALATKA FL 32177 US	P.O. BOX 576 PALATKA FL 32177 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/11/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2893986 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WRIGHT, WILLIE C
304 EAST PALMETTO STREET
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, WILLIE C		1.2 NAME		
STREET ADDRESS	304 EAST PALMETTO STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, MARY ALICE		2.2 NAME		
STREET ADDRESS	304 EAST PALMETTO STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILLIE JACKSON		3.2 NAME		
STREET ADDRESS	4105 PIER STATION		3.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE	SALLY GARNER	☐ Change ☑ Addition
NAME	JACKSON, SARAH F		4.2 NAME	1301 EAST ST	
STREET ADDRESS	4105 PIER STATION		4.3 STREET ADDRESS	GREEN COVE SPRINGS, FL 32043	
CITY-ST-ZIP	GREEN COVE SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 REQUIRED Willie C Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #