NONPROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Kathorino Harris

Secretary of State
DIVISION OF CORPORATIONS

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90091 031 \*\*\*\*69.25

	1999	DIVISION C	Jr CONFOR	~110						
DOCU 1. Corporation	MENT # N00842									
THE TR	RUE TEMPLE CHURCH OF G	od of apostolic	FAITH				- 561	294 - 90084		
Principal Pla	ce of Business	Mailing Address	==					-		
217 NORTH 1	HTH STREET	P.O. 80X 576				111	i Briskos i Bris osakki aleksak koliki Dia	ER REGELETERE DE	OM REÐAN ÐAÐAL ÁRÐ	A COMPARI
PALATKA FL		PALATKA FL 32177								
US		US					İĞITİLDI ÜZL BÜLLI DOLURY LIBLIY OYD	13 1134 STELL EI	DAL BEDEL BEDIT DED	(I BINK IDA)
			•			Į.				
2. Principal i	Place of Business	2a. Mailing Address				3. Date i	ricorporated or Qualifed			
21	· · · · · · · · · · · · · · · · · · ·	26				01/1	1/1984			
Sulte, Apt	t. #, etc.	Suite, Apt. #. etc.			-	4. FEI N			— <del>— —</del>	lied For
22		27				59-2	893986			Applicable
City & Sta	ate	City & State	-		_	5. Certifo	ate of Status Desired		\$8.75 A	
23		28							Fee Re	·
Zip	Country	Zip	Cou	intry			on Campaign Financing		\$5.00	
24	25	29	30				Fund Contribution and Address of New	Decistored	Aded to	1-663
	9. Name and Address of Current	Registered Agent		81	Name	, , , Maille	Alia Addiese of Hea	vediner.		
							·	<del></del> .		
	WILLIE C		82 Street Addre			uddress (P.O. Bo:	x Number is Not Accept	able)		
	T PALMETTO STREET		i	83		<del></del>				
PALATKA	A FL 32177									
				84	City			FL	85 Zip C	ode
44 Summer	t to the provisions of Sections 617.0502	and E17 1509 Florida Str	ture the o		named c	ornoration subm	te this statement for the	DIMBORO 3	changing its	voistered
office cr	redistared agent, or both, M the State o	r Florida. Such change wa	s aupronzec	וש עקון	е согро	ration's board of	cirectors. I hereby acca	pt the appo	intment as reg	istered
agent. 1	am familiar with, and accept the obligation	ons of, Section 617.0003,	rkanda Stati	Mes.						
SIGNATURE	Signature, typed or printed name of registered egant	and title if applicable (N	OTL: Flegistered	Agent s	ilgmeture rec	ov rad when reinstating)		DATE		
12.	OFFICERS AND		13.				CNS/CHANGES TO OF	FICERS		
TITLE	D	DELETE	1.1 711	LE					☐ Change	Addition
NAME	WRIGHT, WILLIE C		12 N	WE						
STREET ADORE S	S 304 EAST PALMETTO STREET	EAST PALMETTO STREET 135		REETA	DORESS					
CITY-ST-ZIP	PALATKA FL 32177			TY-ST-2	ZIP					
TILE	VSD	ου ·		ILE .					Change	☐ Addition
NAME	WRIGHT, MARY ALICE		22 N	WE						
STREET ADDRESS	s 304 East Palmetto Street		23 57	REET A	DORESS					
CITY-ST-ZIP	PALATKA FL 32177			TY-ST-	ŽIP					- Addition
TITLE	Đ	☐ DELETE							Change	☐ Addition
NAME	WILLIE JACKSON				- 1					
STREET ADORESS	1				DORESS		-		•	-
CITY-8T-ZIP	GREEN COVE SPRINGS FL	OELETE		TY-ST-			Garner		Change	Addition
TITLE	B		4.1 T/I				1			E . (C. C.
NAME	Thereas, are	₽ OELE IE			- 1	SANY	Garren			
STREET ADDRESS	JACKSON, SARAH F	<b>≥</b> 3 UELE IC	4. 2 N	AME.		1301 E	Her er			
	s 4105 PIER STATION	2,022,5	4.2 N 4.3 ST	AME REET A	OORESS	1301 E	Cove Sta	ms.Al	Bous	<b>&gt;</b>
C/TY-ST-ZIP			4.2 N 4.3 ST 4.4 Cf	AME REET AI IY-ST-Z	OORESS	1301 E Green	Cove Str	ms, Al	Sac Unit	
TITLE	s 4105 PIER STATION	DELETE	4.2 N 4.3 ST 4.4 CT 5.1 TT	reet a reet a ry-st-z le	OORESS ZIP	34114 1301 E Green	Cove Str	m3,91	B≥04	Addition □
TITLE NAME	s 4105 PIER STATION GREEN COVE SPRINGS FL		4.2N 4.3 ST 4.4 CT 5.1 TT 5.2 NA	REET AL TY-ST-Z TLE ME	OORESS ZIP	CLEON E	COVE SPA	ms,71	B3043	<b>△</b> Addition
TITLE NAME STREET ADDRESS	s 4105 PIER STATION GREEN COVE SPRINGS FL		4.2 N 4.3 ST 4.4 CT 5.1 TT 5.2 NA 5.3 ST	REET AL TY-ST-Z TLE ME REET AL	OORESS ZIP	Green Green	COVE SPA	m3,7}	S>04=	Addition
TITLE NAME STREET ADDRESS C/TY-ST-ZP	s 4105 PIER STATION GREEN COVE SPRINGS FL	☐ DELETE	4.2 N 4.3 ST 4.4 CT 5.1 TT 5.2 NA 5.3 ST 5.4 CT	REET AL TY-ST-Z TLE ME REET AL	OORESS ZIP	34119 1301 E Green	COVE SPA	ms,9l	Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZP TITLE	s 4105 PIER STATION GREEN COVE SPRINGS FL		4.2N 4.3 ST 4.4 CT 5.1 TT 5.2 NA 5.3 ST 5.4 CT 6.1 TT	AME REET AI TY-ST-Z TLE ME REET AI TY-ST-Z TLE	OORESS ZIP	34119 1301 E Green	COVE SPA	m3,91	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	s 4105 PIER STATION GREEN COVE SPRINGS FL	☐ DELETE	4.2N 4.3 ST 4.4 CF 5.1 TH 5.2 NA 5.3 ST 5.4 CF 6.1 TH 6.2 NA	AME REET AI TY-ST-Z TLE ME REET AI TY-ST-Z TLE ME	OORESS ZIP DORESS ZIP	Green	COVE SPA	ms,9f	Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZP TITLE	s 4105 PIER STATION GREEN COVE SPRINGS FL	☐ DELETE	4.2N 4.3 ST 4.4 CT 5.1 TT 5.2 NA 5.3 ST 5.4 CT 6.1 TT 6.2 NA 6.3 ST	AME REET AI TY-ST-Z TLE ME REET AI TY-ST-Z TLE ME	OORESS ZIP  DORESS ZIP  DORESS	Green	COVE SPA	ms,9f	Change	☐ Addition

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 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 WAS BISHATUHE AND TYPED ON PRINTED NAME OF SIGNARG OFFICER OF DIRECTOR

Willie Wight

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