

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00842

1. Entity Name
THE TRUE TEMPLE CHURCH OF GOD OF APOSTOLIC
FAITH, INC.



FILED

04 OCT -1 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
217 NORTH 11TH STREET
PALATKA, FL 32177 US

Mailing Address
P.O. BOX 576
PALATKA, FL 32177 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10012004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2893986

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, WILLIE C
304 EAST PALMETTO STREET
PALATKA, FL 32177

Name WILLIE C. WRIGHT

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

304 E. PALMETTO STREET

City PALATKA

FL

Zip Code

32177

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:

Willie C. Wright

OCTOBER 1, 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE:

Filing Fee is \$61.25
Due by September 8, 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 WRIGHT, WILLIE C ☐ Delete
STREET ADDRESS 304 EAST PALMETTO STREET
CITY-ST-ZIP PALATKA, FL 32177

TITLE VSD
NAME WRIGHT, MARY ALICE ☐ Delete
STREET ADDRESS 304 EAST PALMETTO STREET
CITY-ST-ZIP PALATKA, FL 32177

TITLE B
NAME CLAYTON, JIMMY ☐ Delete
STREET ADDRESS 100 MEMORIAL
PARKWAY
CITY-ST-ZIP PALATKA, FL 32177

TITLE TS
NAME WRIGHT, KAREN D ☐ Delete
STREET ADDRESS 715 OLIVE STREET
CITY-ST-ZIP PALATKA, FL 32177

TITLE SMT
NAME WRIGHT, MATTHEW ☐ Delete
STREET ADDRESS 715 OLIVE STREET
CITY-ST-ZIP PALATKA, FL 32177

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300041637283
CITY-ST-ZIP 10/06/04--01024--002 **70.00

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

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

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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:

Willie C. Wright

OCTOBER 1, 2004 PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #