


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N00842 1. Entity Name THE TRUE TEMPLE CHURCH OF GOD OF APOSTOLIC FAITH, INC.	
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Principal Place of Business 217 NORTH 11TH STREET PALATKA, FL 32177 US	Mailing Address P.O. BOX 576 PALATKA, FL 32177 US
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04202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2893986	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WRIGHT, WILLIE C 304 EAST PALMETTO STREET PALATKA, FL 32177	DO NOT WRITE IN THIS SPACE
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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 renewing.) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, WILLIE C 304 EAST PALMETTO STREET PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WRIGHT, MARY ALICE 304 EAST PALMETTO STREET PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, JIMMY 108 MEMORIAL PARKWAY PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS WRIGHT, KAREN D 715 OLIVE STREET PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMT WRIGHT, MATTHEW 715 OLIVE STREET PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000361622
05/05/05-80084-016 70.00

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-05 Pres
Date Daytime Phone #