

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 JUN 28 PM 4: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00842

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



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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05092006 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2893986

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

Filing Fee is \$61.25
Due by September 6, 2006

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	

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07/06/06--01041--021 **61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* PRESIDENT MAY 9, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #