


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90014 029 ****70.00

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 32178-0576
--	--



05142007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2893986	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WRIGHT, WILLIE C 304 EAST PALMETTO STREET PALATKA, FL 32177
--

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

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	<i>Willie C Wright</i>

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____