


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00842</b>	
1. Entity Name <b>THE TRUE TEMPLE CHURCH OF GOD OF APOSTOLIC FAITH, INC.</b>	

Principal Place of Business <b>217 NORTH 11TH STREET PALATKA, FL 32177 US</b>	Mailing Address <b>P.O. BOX 576 PALATKA, FL 32178-0576 US</b>
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**DO NOT WRITE IN THIS SPACE**



05012008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  <b>WRIGHT, WILLIE C 304 EAST PALMETTO STREET PALATKA, FL 32177</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

U000000348684  
06/02/08-80065-007 70.00

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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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 WILLIE WRIGHT MAY 1, 2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #