



# NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # N01000004219					
1. Entity Name TEMPLE OF GOD BAPTIST CHURCH INC.					
Principal Place of Business 105 SANDRA STREET PERRY, FL 32348			Mailing Address PO BOX 1176 PERRY, FL 32348		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3734936	
Zip		Country		Applied For Not Applicable	
Zip 32348		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  FRENCH, GAIL W 105 SANDRA ST. PERRY, FL 32348			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 <u>Gail W. French</u> <u>Gail W. French</u> <u>04/27/07</u>					
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TRUS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENE, JOANN		NAME		
STREET ADDRESS	107 N. BEVERLY		STREET ADDRESS		
CITY-ST-ZIP	PERRY, FL 32348		CITY-ST-ZIP		
TITLE	TRUS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOODFAULK, VIOLA		NAME		
STREET ADDRESS	130 GLENN ST.		STREET ADDRESS		
CITY-ST-ZIP	PERRY, FL 32348		CITY-ST-ZIP		
TITLE	TRUS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALEXANDER, JESSIE		NAME		
STREET ADDRESS	102 W. KENNEDY ST.		STREET ADDRESS		
CITY-ST-ZIP	PERRY, FL 32348		CITY-ST-ZIP		
TITLE	TRUS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMMONS, EARLENE		NAME		
STREET ADDRESS	106 1/2 BEVERLY ST.		STREET ADDRESS		
CITY-ST-ZIP	PERRY, FL 32348		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Gail W. French</u> <u>04/27/06</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					