

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

02-27-2004 90016 050 ****61.25

DOCUMENT # N01000006203 1. Entity Name TEMPLE OF GOD BAPTIST CHURCH CHILD DEVELOPMENT CENTER, INC.					
Principal Place of Business 105 SANDRA STREET PERRY FL 32348			Mailing Address PO BOX 1176 PERRY FL 32348		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent WOODFAULK, VERNA M 200 3RD ST PERRY FL 32348				7. Name and Address of New Registered Agent Name <u>Gail W. French</u> Street Address (P.O. Box Number is Not Acceptable) <u>P.O. Box 1176</u> <u>Perry 105 Sandra St. 32347</u> City <u>Perry</u> FL Zip Code <u>32347</u>	
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, Gail W. French, Chairman of Board 02/04/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, GEORGE 600 W UNION PERRY FL 32348	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, JOANNE 107 N BEVERLY PERRY FL 32348	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODFAULK, VIOLA J 130 GLENN ST PERRY FL 32348	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, JESSIE 102 W KENNEDY ST PERRY FL 32348	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, EARLENE 106 1/2 BEVERLY ST PERRY FL 32348	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOWERS, ARTHUR 108 S BLAIR AVE PERRY FL 32348	<input type="checkbox"/> Delete			
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: <u>Gail W. French</u> <u>3/8/04</u> <u>850-464-1441</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

66405716



MOORE CR2E037 (11/03)

4. FEI Number **59-3734936** Applied For ☐ Not Applicable ☐

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