

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006203

FILED
Apr 19, 2005
Secretary of State

Entity Name: TEMPLE OF GOD BAPTIST CHURCH CHILD DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

105 SANDRA STREET
PERRY, FL 32348

New Principal Place of Business:

Current Mailing Address:

PO BOX 1176
PERRY, FL 32348

New Mailing Address:

FEI Number: 59-3734936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRENCH, GAIL W
105 SANDRA ST
PO BOX 1176
PERRY, FL 32347 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, GEORGE
Address: 600 W UNION
City-St-Zip: PERRY, FL 32348

Title: D () Delete
Name: GREENE, JOANNE
Address: 107 N BEVERLY
City-St-Zip: PERRY, FL 32348

Title: D () Delete
Name: WOODFAULK, VIOLA J
Address: 130 GLENN ST
City-St-Zip: PERRY, FL 32348

Title: D () Delete
Name: ALEXANDER, JESSIE
Address: 102 W KENNEDY ST
City-St-Zip: PERRY, FL 32348

Title: D () Delete
Name: SIMMONS, EARLENE
Address: 106 1/2 BEVERLY ST
City-St-Zip: PERRY, FL 32348

Title: D () Delete
Name: FLOWERS, ARTHUR
Address: 108 S BLAIR AVE
City-St-Zip: PERRY, FL 32348

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JONES, ANNIE
Address: 106 1/2 BEVELY STREET
City-St-Zip: PERRY, FL 32348

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL W. FRENCH

D

04/19/2005

Electronic Signature of Signing Officer or Director

Date