

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90010 020 ****70.00

DOCUMENT # N01000006812



1. Entity Name
**ALL GOD'S CHILDREN NONDENOMINATIONAL BIBLE
TEMPLE, INCORPORATED**

Principal Place of Business
**618 AUBURN AVE
MELBOURNE, FL 32901**

Mailing Address
**618 AUBURN AVE
MELBOURNE, FL 32901**

54062831



2. Principal Place of Business

3. Mailing Address

2117 S. Babcock St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 229

City & State

City & State

Melbourne, FL

Zip

Country

Zip

32901

Country

USA

07112004

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3741312

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOGANS, PAULA
618 AUBURN AVE
MELBOURNE, FL 32901**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GRAHAM, CATHERINE**
STREET ADDRESS **199 HIGHWAY A1A #A212**
CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE **D** ☐ Delete
NAME **HOGANS, IV, JOHN ED**
STREET ADDRESS **618 AUBURN AVENUE**
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **D** ☐ Delete
NAME **HOGANS, PAULA**
STREET ADDRESS **618 AUBURN AVENUE**
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John Ed Hogans IV

7/11/04

321-956-0936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #