

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

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90024 040 ****61.25

DOCUMENT # N01000008460

1. Entity Name

GOD'S HOLINESS TEMPLE CHURCH, INC.



Principal Place of Business

9728 LEWIS RD
THONOTOSASSA FL 33592

Mailing Address

P O BOX 15
THONOTOSASSA FL 33592

03000001

2. Principal Place of Business

9728 Lewis Rd.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 15
Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

Thonotosassa, Florida

City & State

Thonotosassa, Florida

4. FEI Number

AP-PLIED FOR

Applied For

Not Applicable

Zip

33592

Country

Hillsborough

Zip

33592

Country

Hillsborough

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALDWIN, C W
912 MAYDELL CT
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name

Same

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.

N/A

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 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 BALDWIN, C W
STREET ADDRESS 912 MAYDELL CT
CITY-ST-ZIP TAMPA FL 33619

TITLE D ☒ Delete
NAME TARVER, E
STREET ADDRESS 3017 E LOUISIANA AVENUE
CITY-ST-ZIP TAMPA FL 33618 Zip Code only

TITLE D ☒ Delete
NAME JOHNSON, M
STREET ADDRESS 8729 ORANGE LEAF CT
CITY-ST-ZIP TAMPA FL 33637 Address only

TITLE D ☒ Delete
NAME ELLIS, GEORGE
STREET ADDRESS 514 W PLAZA PL
CITY-ST-ZIP TAMPA FL 33602

TITLE D ☒ Delete
NAME BALDWIN, CARLEWYLE JR
STREET ADDRESS 9631 THERESA DR
CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE S ☐ Delete
NAME BALDWIN, CORDELLA K
STREET ADDRESS 912 MAYDELL CT
CITY-ST-ZIP TAMPA FL 33619

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Assistant Pastor ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Zip Code - 33610

TITLE Minister ☒ Change ☐ Addition
NAME Johnson, M.
STREET ADDRESS 912 Maydell Court
CITY-ST-ZIP Tampa, FL 33619

TITLE Chairman, Deacon board ☒ Change ☒ Addition
NAME John Bell
STREET ADDRESS 11418 W. Pruitt Road
CITY-ST-ZIP Seffner FL 33584 Error

TITLE Minister ☐ Change ☒ Addition
NAME Stanley Smith
STREET ADDRESS 8504 Grapefruit Ave.
CITY-ST-ZIP Tampa, FL 33619

TITLE Secretary / Clerk ☐ 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:

CordeLLa K. Baldwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

Date

813-612-9468

Daytime Phone #

Attachment - No 1000008460 54038061
DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501-0023

DATE OF THIS NOTICE: 04-04-2003
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER: 02-0684344
FORM: SS-4 NOBOD

FOR ASSISTANCE CALL US AT:
1-800-829-0115

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

GODS HOLINESS TEMPLE CHURCH INC
% CW BALDWIN
9728 LEWIS RD
THONOTOSASSA FL 33592

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 02-0684344. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

* Regarding Question # 4 on the Report:
Is this the same thing - EIN and
FEI Number??