

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90031 010 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0684344

Applied For

Not Applicable

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

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

*C. W. Baldwin, Pastor*

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

(NOTE: Registered Agent signature required when re-electing)

DATE

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2006**

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 **P** ☐ Delete  
NAME **BALDWIN, C W**  
STREET ADDRESS **912 MAYDELL CT**  
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **AP** ☐ Delete  
NAME **TARVER, E**  
STREET ADDRESS **3017 E LOUISIANA AVENUE**  
CITY-ST-ZIP **TAMPA FL 33610**

TITLE **D** ☐ Delete  
NAME **JOHNSON, M**  
STREET ADDRESS **912 MAYDELL COURT**  
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **CDB** ☒ Delete  
NAME **BELL, JOHN**  
STREET ADDRESS **11418 W PRIETT RD.**  
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE **M** ☐ Delete  
NAME **SMITH, STANLEY**  
STREET ADDRESS **8504 GRAPEFRUIT AVE.**  
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **SC** ☐ 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 ☐ 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 **CDB** ☐ Change ☒ Addition  
NAME **Samuel DeLaughter**  
STREET ADDRESS **9516 Joe Ebert Rd.**  
CITY-ST-ZIP **Seffner, FL 33584**

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 exemptions contained in Section 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:

*CordeLLa K. Baldwin*

2/7/06

813-760-2682