

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 26, 2008 8:00 am
Secretary of State

08-26-2008 90002 004 ****70.00

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1. Entity Name

CAMPBELL'S TEMPLE HOLINESS CHURCH, INC.

Principal Place of Business
CAMPBELLS TEMPLE
LYNN HAVEN FL 32444

Mailing Address
1414 WISCONSIN AVENUE
LYNN HAVEN FL 32444



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2nd MOORE CR2E037 (4/08)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
NO-T APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL'S TEMPLE HOLLINESS CHURCH, INC
1414 WISCONSIN AVENUE
LYNN HAVEN FL 32444

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.

JAMES GRIFFIN
James Griffin, Trustee Board Chairman
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

August 25, 2008
DATE

FILE NOW: FEE IS \$61.25
Due By September 3, 2008

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 COB ☐ Delete
NAME GRIFFIN, JAMES
STREET ADDRESS 206 EAST 19TH STREET
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE DT ☐ Delete
NAME CHESTNUT, EDWARD
STREET ADDRESS 1416 MINNESOTA AVENUE
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE T ☐ Delete
NAME GRIFFIN, MICHAEL
STREET ADDRESS 922 BRADLEY CIRCLE
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE T ☐ Delete
NAME PETERSON, ESSIE
STREET ADDRESS 202 EAST 18TH STREET
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE T ☒ Delete
NAME GRIFFIN, HARRY
STREET ADDRESS 1518 DELAWARE AVE
CITY-ST-ZIP LYNN HAVEN FL 32444

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
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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 Chapter 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: *James Griffin* **JAMES GRIFFIN** *August 25, 2008* **850-265-2224**