FILED
Jun 27, 2003 8:00 am
Secretary of State
05-05-2003 90385 001 ****61.25

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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55050005

DOCUMENT # N02000003529 (L)

1. Entity Name
CHURCH OF GOD IN CHRIST, CHRIST TEMPLE, INC.

Principal Place of Business	Mailing Address
~~2736 20TH STREET~~ ~~SARASOTA FL 34234~~	~~2736 20TH STREET~~ ~~SARASOTA FL 34234~~

[redacted]

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
23009 Peachland Blvd Suite, Apt. #, etc.	23009 Peachland Blvd. Suite, Apt. #, etc.
City & State: Port Charlotte, Fl.	City & State: Port Charlotte, Fl.
Zip: 33954 Country:	Zip: 33954 Country:

4. FEI Number: 74-3047765 ☐ Applied For ☐ Not Applicable

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
ROBINSON, JIMMIE L ~~2736 20TH STREET~~ ~~SARASOTA FL 34234~~ 23009 Peachland Blvd Port Charlotte, Fl. 33954	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] 4/30/03
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBINSON, JIMMIE L ~~2736 20TH STREET~~ New ADDress ~~SARASOTA FL 34234~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD 23009 Peachland Blvd. Port Charlotte, Fl. 33954 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ROBINSON, JOANNE W New ~~2736 20TH STREET~~ ~~SARASOTA FL 34234~~ ADDress	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD 23009 Peachland Blvd Port Charlotte, Fl 33954 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANNON, WILLIE J 1156 COCOANUT AVENUE SARASOTA FL 34234	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWIN ROBINSON 23009 Peachland Blvd Port Charlotte, Fl. 33954 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED 4/30/03 941 488-6787
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #