

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 SEP - 6 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09022005 Chg-NP CR2E037 (10/03)

DOCUMENT # N03000006628			
1. Entity Name TEMPLE OF GOD MINISTRIES INC.			
Principal Place of Business 1406 LIVE OAK ST. QUINCY, FL 32353		Mailing Address P.O. BOX 1855 QUINCY, FL 32353	
2. Principal Place of Business <i>2045 Flagler Street</i>		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Quincy, Fla</i>		City & State	
Zip <i>32351</i>		Country	
Country		Country	
4. FEI Number 50-0001917		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROGERS, WILL JR 1406 LIVE OAK ST QUINCY, FL 32351		7. Name and Address of New Registered Agent Name <i>Will Rogers Sr.</i> Street Address (P.O. Box Number is Not Acceptable) <i>2045 Flagler Street</i> City <i>Quincy</i> FL Zip Code <i>32351</i>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, WILL JR	NAME	
STREET ADDRESS	2045 FLAGLER ST	STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FL 32351	CITY-ST-ZIP	<i>500059741135</i> <i>09/19/05--01048--002 **61.25</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, SHARON	NAME	
STREET ADDRESS	2045 FLAGLER ST	STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FL 32351	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, LOVIETRICE	NAME	
STREET ADDRESS	424 HOLT LN	STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FL 32351	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSTON, MAZOLA	NAME	
STREET ADDRESS	27 ETHRIDGE PL	STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FL 32351	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Will Rogers Sr.</i>		Date: <i>6 SEP 05</i> Daytime Phone #: <i>850 627 8736</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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