

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009057

FILED
Mar 20, 2008
Secretary of State

Entity Name: BOSTICK TEMPLE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

3795 PAT THOMAS PKWY
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

3795 PAT THOMAS PKWY
QUINCY, FL 32351

New Mailing Address:

FEI Number: 73-1682431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAWKINS, JAHAZEL S
2046 FLAGLER ST
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAWKINS, JAHAZEL S
Address: 2046 FLAGLER ST
City-St-Zip: QUINCY, FL 32351

Title: APD () Delete
Name: JONES, JANICE S
Address: 2033 FLAGLER ST
City-St-Zip: QUINCY, FL 32351

Title: RSD () Delete
Name: SANDERS, LUCY M
Address: 3765 PAT THOMAS PKWY
City-St-Zip: QUINCY, FL 32351

Title: ARSD () Delete
Name: RICHARDSON, SHARON
Address: 107 GOLDWIRE ROAD
City-St-Zip: QUINCY, FL 32351

Title: T () Delete
Name: PRICE, CAROL
Address: 618 2ND STREET
City-St-Zip: QUINCY, FL 32351

Title: FS () Delete
Name: GREEN, ANNIE
Address: 466 SPRING MEADOWS ROAD
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: APD (X) Change () Addition
Name: FRANCIS, JANICE S
Address: 2033 FLAGLER ST
City-St-Zip: QUINCY, FL 32351

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE S. FRANCIS (JONES)

APD

03/20/2008

Electronic Signature of Signing Officer or Director

Date