2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000001762

1. Entity Name
THE TEMPLE OF GOD CHURCH OF DELAND, INC.

Principal Place of Business	Mailing Address
820 S ADELLE AVE DELAND, FL 32724	820 S ADELLE AVE DELAND, FL 32724

04182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1171956
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARPER, RESELLA
227 S GARFIELD AVE
DELAND, FL 32720

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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: Resella Harper
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARPER, RESELLA
STREET ADDRESS	227 S GARFIELD AVE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	ST
NAME	RIVERS, LISSIE
STREET ADDRESS	223 W. VOLUSIA AVENUE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	TD
NAME	KENNEDY, SHANN
STREET ADDRESS	714 W. MANSFIELD
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/06-80003-011 61.25

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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: Resella Harper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #