

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # N04000001762

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



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

Mailing Address
**820 S ADELLE AVE
DELAND, FL 32724**



04142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1171956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARPER, RESELLA
227 S GARFIELD AVE
DELAND, FL 32720**

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000304386
05/01/08-80010-021 61.25

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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

4-15-08

Date

Daytime Phone #

386 734 5542