

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

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90286 001 *****8.75

04-21-2008 90286 002 *****61.25

DOCUMENT # N04000005583

1. Entity Name

GOD'S HOLY TEMPLE CHRISTIAN WORSHIP CENTER,
INC.



Principal Place of Business

C/O WINSTON REYNOLDS, PRES. & TREAS.
4181 S.W. ALICE ST.
PORT ST. LUCIE, FL 34953-0000

Mailing Address

POST OFFICE BOX 880636
PORT ST. LUCIE, FL 34988

66007472



DO NOT WRITE IN THIS SPACE

03262008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
30-0245393

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI, FL 33145

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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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT REYNOLDS, WINSTON L 4181 S.W. ALICE ST PORT ST. LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS REYNOLDS, SHIRLEY A 4181 S.W. ALICE ST PORT ST. LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REYNOLDS, WINSTON L 4181 SW ALICE ST PORT ST. LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POWELL, CARTER L 342 SW 34TH TERR. DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LINDO-POWELL, ENA F 342 SW 34TH TERR DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Winston Reynolds

4/7/2008

Date

(754) 234-0390

Daytime Phone #