


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000006228**

1. Entity Name  
**HOLY TEMPLE CHURCH OF GOD IN CHRIST, INC.**



Principal Place of Business Mailing Address  
**503 S CHURCH STREET PO BOX 1513**  
**BUNNELL FL 32110 BUNNELL FL 32110-1513**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**P.O. Box 1513**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Bunnell, FL**

Zip Country Zip Country  
**32110-1513 Flagler**

4. FEI Number **83-0432871** Applied For  
 Not Applicable

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

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent  
**DURDEN, WILLIE SR**  
**816 MALEY STREET**  
**DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete MCCALL, WILLIE MAE PO BOX 1512 BUNNELL FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete JACKSON, QUEENIE R PO BOX 1492 BUNNELL FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete SEABROOKS, JACQUELINE 361 S FRANKLIN STREET DAYTONA BEACH FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete BASS, WILLIE M PO BOX 584 BUNNELL FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete DURDEN, MAMIE 816 MALEY STREET DAYTONA BEACH FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete COFFIE, EUGENE 1039 ALICE DR DAYTONA BEACH FL 32117

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Willie Durden Sr. Willie Durden, Sr. 2/7/08 (386)258-3062