2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N05000006228

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

Current Principal Place of Business:

503 S CHURCH STREET
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

PO BOX 1513
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 83-0432871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DURDEN, WILLIE SR
816 MALEY STREET
DAYTONA BEACH, FL 32114 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:	T	( ) Delete
Name:	MCCALL, WILLIE MAE	
Address:	PO BOX 1512	
City-St-Zip:	BUNNELL, FL 32110	
Title:	T	( ) Delete
Name:	JACKSON, QUEENIE R	
Address:	PO BOX 1492	
City-St-Zip:	BUNNELL, FL 32110	
Title:	T	( ) Delete
Name:	SEABROOKS, JACQUELINE	
Address:	361 S FRANKLIN STREET	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	T	( ) Delete
Name:	BASS, WILLIE M	
Address:	PO BOX 584	
City-St-Zip:	BUNNELL, FL 32110	
Title:	S	( ) Delete
Name:	DURDEN, MAMIE	
Address:	816 MALEY STREET	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	C	( ) Delete
Name:	COFFIE, EUGENE	
Address:	1039 ALICE DR	
City-St-Zip:	DAYTONA BEACH, FL 32117	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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: WILLIE DURDEN, SR. PAST 03/10/2009

Electronic Signature of Signing Officer or Director — Date