

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006228

FILED  
Feb 11, 2011  
Secretary of State

**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 ( )**

**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  
Name: MCCALL, WILLIE MAE  
Address: PO BOX 1512  
City-St-Zip: BUNNELL, FL 32110

Title: T  
Name: JACKSON, QUEENIE R  
Address: PO BOX 1492  
City-St-Zip: BUNNELL, FL 32110

Title: T  
Name: SEABROOKS, JACQUELINE  
Address: 361 S FRANKLIN STREET  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T  
Name: BASS, WILLIE M  
Address: PO BOX 584  
City-St-Zip: BUNNELL, FL 32110

Title: S  
Name: DURDEN, MAMIE  
Address: 816 MALEY STREET  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: C  
Name: COFFIE, EUGENE  
Address: 1039 ALICE DR  
City-St-Zip: DAYTONA BEACH, FL 32117

I hereby 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 all other like empowered.

SIGNATURE: JACQUELINE SEABROOKS

T

02/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date