

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90102 002 ****61.25

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1. Entity Name

WILLIAM TEMPLE APOSTILIC CHURCH, INC.



Principal Place of Business

226 INDIANA STREET
LEESBURG FL 34748

Mailing Address

226 INDIANA STREET
LEESBURG FL 34748

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-3716786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

WILLIAMS, WILLIE J
226 INDIANA STREET
LEESBURG FL 34748

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 ☐ Delete
NAME WILLIAMS, WILLIE J
STREET ADDRESS 226 INDIANA STREET
CITY-ST-ZIP LEESBURG FL 34748

TITLE ☐ Delete
NAME GRANT, ERVING L
STREET ADDRESS 5099 C.ROAD 144
CITY-ST-ZIP WILDWOOD FL 34785

TITLE ☐ Delete
NAME WILLIAMS, EVELYN H
STREET ADDRESS 226 INDIANA STREET
CITY-ST-ZIP LEESBURG FL 34748

TITLE ☐ Delete
NAME GRANT, JOANN
STREET ADDRESS 5099-C ROAD 144
CITY-ST-ZIP WILDWOOD FL 34785

TITLE ☐ Delete
NAME WILLIAMS, ELISHA T
STREET ADDRESS 226 INDIANA STREET
CITY-ST-ZIP LEESBURG FL 34748

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 James Williams*

3/4/06