

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

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # N06000009693

1. Entity Name

ADAM'S TEMPLE CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business

38306 TUSKEGEE AVENUE
DADE CITY, FL 33525

Mailing Address

407 PATRICK AVE
WINTER HAVEN, FL 33880



03152008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-1177910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOFFATT, ABRAHAM ELDER
407 PATRICK AVENUE
WINTER HAVEN, FL 33880

**DO NOT WRITE
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	P
NAME	MOFFATT, ABRAHAM
STREET ADDRESS	407 PATRICK AVENUE
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	FS
NAME	ROBERTS, BRENDA SISTER
STREET ADDRESS	PO BOX 1914
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	S
NAME	ALLEN, JANET EVANG.
STREET ADDRESS	PO BOX 1063
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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

3/17/08

Date

Daytime Phone #