

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010333

FILED  
Feb 11, 2007  
Secretary of State

**Entity Name:** TEMPLE CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

831 ARLINGTON CIRCLE  
QUINCY, FL 32351

**New Principal Place of Business:**

**Current Mailing Address:**

831 ARLINGTON CIRCLE  
QUINCY, FL 32351

**New Mailing Address:**

POST OFFICE BOX 1036  
QUINCY, FL 32353

**FEI Number:** 20-5636509

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BETTON, DEBRA  
831 ARLINGTON CIRCLE  
QUINCY, FL 32351 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: CEO ( ) Delete  
Name: LEE, JARED L  
Address: 831 ARLINGTON CIRCLE  
City-St-Zip: QUINCY, FL 32351

Title: T ( ) Delete  
Name: BETTON, DEBRA  
Address: 831 ARLINGTON CIRCLE  
City-St-Zip: QUINCY, FL 32351

Title: S ( ) Delete  
Name: LEE, DEANDREA  
Address: 831 ARLINGTON CIRCLE  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: BETTON, GARY  
Address: 831 ARLINGTON CIRCLE  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: TURNER, CALVIN  
Address: 912 WEST FRANKLIN STREET  
City-St-Zip: QUINCY, FL 32351

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBRA BETTON

T

02/11/2007

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

\_\_\_\_\_  
Date