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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N07618** (4)

1. Corporation Name

GREATER HOLY TEMPLE CHURCH OF GOD IN CHRIST, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% JIMMIE L ROBINSON
P O BOX 281
LAUREL FL 34272
US

3. Date Incorporated or Qualified **02/13/1985** 3a. Date of Last Report **07/18/1994**
 4. FEI Number **74-0106975** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

5. Certificate of Status Desired **\$6.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ROBINSON, JIMMIE L.
377 PATTON STREET
LAUREL FL 33545

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	ROBINSON, JIMMIE L.
STREET ADDRESS	2416 CONSTITUTION BLVD.
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	MCARTHUR, KATTIE
STREET ADDRESS	COLLINS ROAD
CITY - ST - ZIP	LAUREL FL
TITLE	D
NAME	MCRAE, ALBERTA
STREET ADDRESS	373 PATTON
CITY - ST - ZIP	LAUREL FL
TITLE	D
NAME	MCRAE, LEON
STREET ADDRESS	2218 SEWARD DR.
CITY - ST - ZIP	SARASOTA FL
TITLE	DS
NAME	MCRAE, CLEMISTINE
STREET ADDRESS	2218 SEWARD DR
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	SANDERS, FRANKIE LEE
STREET ADDRESS	1812 FERN AVENUE
CITY - ST - ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Clemistine McRae Date: 4/23/95 (813) 488-6561
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR