

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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



Principal Place of Business: % JIMMIE L ROBINSON, P O BOX 281, LAUREL FL 34272 US
Mailing Address: % JIMMIE L ROBINSON, P O BOX 281, LAUREL FL 34275

3. Date Incorporated or Qualified: **02/13/1985**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **74-8106975**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-headers for Suite, City & State, Zip, and Country.

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 (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ROBINSON, JIMMIE L. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, JIMMIE L.	1.2 NAME	
STREET ADDRESS	2416 CONSTITUTION BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	D MCARTHUR, KATTIE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCARTHUR, KATTIE	2.2 NAME	
STREET ADDRESS	COLLINS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUREL FL	2.4 CITY-ST-ZIP	
TITLE	D MCRAE, ALBERTA <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCRAE, ALBERTA	3.2 NAME	
STREET ADDRESS	373 PATTON	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUREL FL	3.4 CITY-ST-ZIP	
TITLE	D MCRAE, LEON <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCRAE, LEON	4.2 NAME	
STREET ADDRESS	2218 SEWARD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	DS MCRAE, CLEMISTINE <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCRAE, CLEMISTINE	5.2 NAME	
STREET ADDRESS	2218 SEWARD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	D SANDERS, FRANKIE LEE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, FRANKIE LEE	6.2 NAME	
STREET ADDRESS	1812 FERN AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	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: *Jimmie L. Robinson* 4/24/96 862-3029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)