

FILE NOW: FILING FEE IS \$61.25

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Jun 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthan</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N07618 (4)**

1. Corporation Name  
**GREATER HOLY TEMPLE CHURCH OF GOD IN CHRIST, INC**



Principal Place of Business <b>% JIMMIE L ROBINSON P O BOX 281 LAUREL FL 34272 US</b>	Mailing Address <b>% JIMMIE L ROBINSON P O BOX 281 LAUREL FL 34275</b>
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3. Date Incorporated or Qualified <b>02/13/1985</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
4. FEI Number <b>74-8106975</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Hattie Mae Wilson</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBINSON, JIMMIE L.</b>	1.2 NAME	<b>377 Patton Street</b>
STREET ADDRESS	<b>788 4000 STREET 2136, 20th Street</b>	1.3 STREET ADDRESS	<b>(D)</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	<b>Laurel, FL 34275</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Rick Richardson</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCARTHUR, KATTIE</b>	2.2 NAME	<b>377 Patton Street</b>
STREET ADDRESS	<b>COLLINS ROAD</b>	2.3 STREET ADDRESS	<b>Laurel, FL, 34272</b>
CITY-ST-ZIP	<b>LAUREL FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCRAE, ALBERTA</b>	3.2 NAME	
STREET ADDRESS	<b>373 PATTON</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUREL FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCRAE, LEON</b>	4.2 NAME	
STREET ADDRESS	<b>2036 29TH ST/</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCRAE, CLEMSTINE</b>	5.2 NAME	
STREET ADDRESS	<b>2036 29TH ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDERS, FRANKIE LEE</b>	6.2 NAME	
STREET ADDRESS	<b>1812 FERN AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 \_\_\_\_\_ DATE **4/25/98 (941) 488-6100**

CR2E037 (10/97)