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NONPROFIT CORPORATION ANNUÄL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOC	JMENT	#	NO:	761	18

1. Corporation Name

GREATER HOLY TEMPLE CHURCH OF GOD IN CHRIST, INC

Principal Place of Business % JIMMIE L ROBINSON P O BOX 281

Mailing Address

% JIMMIE L ROBINSON P O BOX 281



US LAUREL FL 34	272	LAUREL FL 34275		i ridalitiat ibit abits tansa ditas tradi rast arast eta	16 BEBIT BINIS BIBIT ATALE INDI
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualifed 02/13/1985	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		74-8106975	Not Applicable
City & State	9	City & State		5. Certifcate of Status Desired	\$8.75 Additional
23		28		5. Certificate of Status Desired	Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24	25	29 36	0	Trust Fund Contribution	Added to Fees
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
			81 Name		
ROBINSO	N, JIMMIE L.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	377 PATTON STREET				
LAUREL F			83		
			84 City		85 Zip Code
	Maria Riphar Carlo			<u>FL</u>	
office or n	to the provisions of Sections 617.050; egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was auth	ionzed by the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	changing its registered ntment as registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: De	egistered Agent signature require	ed when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	P	□ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, JIMMIE L.		1.2 NAME		
STREET ADDRESS	759 4000 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1,4 CITY-ST-ZIP	•	
TITLE	D		2.1 TITLE		☐ Change ☐ Addition
NAMÉ	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	☐ DELETE	3.1 TITLE	•	☐ Change ☐ 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	(DELETE	4.1 TITLE		Change Addition
NAME	MCCRAE, LEON		4. 2 NAME		
STREET ADDRESS	2036 29TH ST/		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	DS	□ DELETE	5.1 TITLE	<u> </u>	☐ Change ☐ Addition
NAME	MCRAE, CLEMISTINE	_	5.2 NAME		
STREET ADDRESS	2036 29TH ST.		5.3 STREET ADDRESS		
!	SARASOTA FL		5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	D SANASOTA FL	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SANDERS, FRANKIE LEE		6.2 NAME		-
OTDEET AND DECC	1812 FERN AVENUE		6.3 STREET ADDRESS		

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 received 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 attachpent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SARASOTA FL