


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90018 003 ****70.00

DOCUMENT # N07618		
1. Entity 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	
2. Principal Place of Business 377 Patton Street	3. Mailing Address PO Box 281	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State Laurel, FL	City & State Laurel, FL	
Zip 34275	Country Sarasota	Country Sarasota
6. Name and Address of Current Registered Agent ROBINSON, JIMMIE L. 377 PATTON STREET LAUREL FL 33545		7. Name and Address of New Registered Agent Name Leon S. McRae, SR. Street Address (P.O. Box Number is Not Acceptable) 5636 Granada DR. APT 237 City Sarasota FL Zip Code 34231



MOORE CR2E037 (11/03)

4. FEI Number 74-8106975	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Leon S. McRae, Sr. President* DATE **4/5/04**

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, JIMMIE L. 759 4000 STREET SARASOTA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, TREVOR D 2056 6TH STREET SARASOTA FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCRAE, ALBERTA 373 PATTON LAUREL FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCRAE, LEON 5636 GRANADA DR SARASOTA FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition McRae, Leon 5636 Granada DR. Apt. 237 Sarasota, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCRAE, CLEMISTINE 5636 GRANADA DR, APT 237 SARASOTA FL 34-231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DS Plenzzal L Dudley 3497 North Salford Blvd. North Port, FL. 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, FRANKIE LEE 1812 FERN AVENUE SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Daisy Mae Pittman 201 Collins Road Laurel, FL 34275

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leon S. McRae, Sr.* DATE: **4/6/04** DAYTIME PHONE #: **941-373-7688**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR