


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N07618 1. Entity Name GREATER HOLY TEMPLE CHURCH OF GOD IN CHRIST, INC.					
Principal Place of Business 377 PATON ST. NOKOMIS FL 34275 US		Mailing Address PO BOX 281 LAUREL FL 34275			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 74-8106975	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCRAE, LEON S 5636 GRANDA DR., APT 237 SARASOTA FL 34231			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PITTMAN, DARSY M	NAME			
STREET ADDRESS	201 COLLINS ROAD	STREET ADDRESS			
CITY - ST - ZIP	NOKOMIS FL 34275	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARVEY, TREVOR D	NAME	U00000256649 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/09/05-80022-019 61.25		
STREET ADDRESS	2056 6TH STREET	STREET ADDRESS			
CITY - ST - ZIP	SARASOTA FL 34237	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCRAE, ALBERTA	NAME			
STREET ADDRESS	373 PATTON	STREET ADDRESS			
CITY - ST - ZIP	LAUREL FL	CITY - ST - ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCRAE, LEON	NAME			
STREET ADDRESS	5636 GRANDA DR., APT 237	STREET ADDRESS			
CITY - ST - ZIP	SARASOTA FL 34231	CITY - ST - ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARENZTAL, DUDLEY	NAME			
STREET ADDRESS	3497 NORTH ALFORD BLVD.	STREET ADDRESS			
CITY - ST - ZIP	NORTH PORT FL 34286	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANDERS, FRANKIE LEE	NAME			
STREET ADDRESS	1812 FERN AVENUE	STREET ADDRESS			
CITY - ST - ZIP	SARASOTA FL	CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.					
SIGNATURE: _____		_____ Trevor D. Harvey 3/4/05		_____ 941-366-3955	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



1st MOORE CR2E037 (10/04)