


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90028 015 \*\*\*\*61.25

<b>DOCUMENT # N07618</b>			
1. Entity Name <b>GREATER HOLY TEMPLE CHURCH OF GOD IN CHRIST, INC.</b>			
Principal Place of Business <b>377 PATON ST. NOKOMIS FL 34275 US</b>		Mailing Address <b>PO BOX 281 LAUREL FL 34275</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>74-8106975</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MCRAE, LEON S 4045 DULUTH TERRANCE NORTH PORT, FL 34286</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 rechartering) DATE _____			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PITTMAN, DARSY M</b> <b>201 COLLINS ROAD</b> <b>NOKOMIS FL 34275</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARVEY, TREVOR D</b> <b>2056 6TH STREET</b> <b>SARASOTA FL 34237</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VID</b> <b>TREVOR D. HARVEY</b> <b>2752 21ST STREET</b> <b>SARASOTA, FL 34234</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCRAE, ALBERTA</b> <b>373 PATTON</b> <b>LAUREL FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCCRAE, LEON</b> <b>5636 GRANDA DR., APT 237</b> <b>SARASOTA FL 34231</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>LEON S. MCRAE</b> <b>4045 DULUTH TERRANCE</b> <b>NORTH PORT, FL 34286</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>PARENZTAL, DUDLEY</b> <b>3497 NORTH ALFORD BLVD.</b> <b>NORTH PORT FL 34286</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANDERS, FRANKIE LEE</b> <b>1812 FERN AVENUE</b> <b>SARASOTA FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E037 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Trevor D. Harvey* 7/14/06 3:04 PM '06