

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08788 (4)

1. Corporation Name
NEW ST. PAUL TEMPLE CHURCH OF GOD IN CHRIST INCORPORATED



Principal Place of Business Mailing Address
C/O DAVID JONES 3621 E. GENESSEE ST. TAMPA FL 33610
C/O DAVID JONES 3621 E. GENESSEE ST. TAMPA FL 33610

3. Date Incorporated or Qualified **04/18/1985** 3a. Date of Last Report **04/11/1995**
4. FEI Number **59-2520497** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**JONES, DAVID A.
1619 31ST AVE.
TAMPA FL 33610**

10. Name and Address of New Registered Agent
81 Name **Jones, David A.**
82 Street Address (P.O. Box Number is Not Acceptable) **5006 Sierra, PL AD 7382**
83
84 City **Tampa** FL 85 Zip Code **33617**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, DAVID A	
STREET ADDRESS	7506 DOLONITA DR	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RUCKER, BARBARA	
STREET ADDRESS	2012 E. WOOD	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ALFONSO	
STREET ADDRESS	214 WISHING WELL	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRIGHT, WAYNE	
STREET ADDRESS	2614 E. ORANGE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, ALBERT	
STREET ADDRESS	2809 N.29TH ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MCAFFEE, ALBERT L.	
STREET ADDRESS	7804 ROBT E. LEE RD	
CITY-ST-ZIP	TAMPA FL 33637	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Jones, David A.	
13 STREET ADDRESS	5006 Sierra, PL AD 7382	
14 CITY-ST-ZIP	TAMPA, FL 33617	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE	Jones, David P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	716 E. 113th Ave	
43 STREET ADDRESS	Tampa, FL 33612	
44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
61 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Glona Hinds	
63 STREET ADDRESS	902 Albany Ave	
64 CITY-ST-ZIP	Tampa, FL 33606	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Albert L. McAfee 4/10/96 (813) 931-8066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)