


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

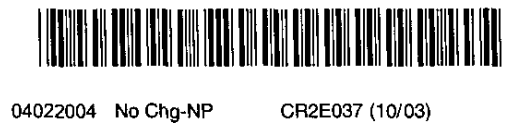
FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90302 023 ****70.00

DOCUMENT # N09575	
1. Entity Name TEMPLE OF GOD AND CHRIST, INC.	

Principal Place of Business 2998 NW 54 ST. MIAMI, FL 33142	Mailing Address C/O INEZ INGRAHAM 2260 N.W. 204 ST. MIAMI, FL 33056 US
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4. FEI Number 59-2668679	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOLAR, ALLEN D.
290 N.W. 165 ST., M-#400
MIAMI, FL 33169

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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)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	INGRAHAM, INEZ
STREET ADDRESS	2260 NW 204 STREET
CITY-ST-ZIP	CAROL CITY, FL 33056
TITLE	D
NAME	MCPHERSON, BETTY
STREET ADDRESS	2932 N.W. 56 STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	ST
NAME	BESTMAN, LINDA
STREET ADDRESS	675 IVES DAIRY ROAD #216 BLDG #1
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Linda Bestman* **4-2-04** **305-626-4960**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #