

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008593

FILED  
Feb 16, 2012  
Secretary of State

**Entity Name:** SKIPPER TEMPLE COMMUNITY CHURCH INC.

**Current Principal Place of Business:**

165 SURF RD  
SOPCHOPPY, FL 32358

**New Principal Place of Business:**

**Current Mailing Address:**

165 SURF RD  
SOPCHOPPY, FL 32358

**New Mailing Address:**

FEI Number: 26-1451524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKIPPER, ETHEL M  
165 SURF RD  
SOPCHOPPY, FL 32358 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SKIPPER, ETHEL M PASTOR  
Address: 165 SURF RD  
City-St-Zip: SOPCHOPPY, FL 32358

Title: D  
Name: SIMONS, GLENDA  
Address: 165 SURF RD  
City-St-Zip: SOPCHOPPY, FL 32358

Title: D  
Name: SKIPPER, WILLIE  
Address: 165 SURF RD  
City-St-Zip: SOPCHOPPY, FL 32358

Title: D  
Name: SIMMONS, ARCHIE  
Address: 165 SURF RD  
City-St-Zip: SOPCHOPPY, FL 32358

Title: D  
Name: CLARY, ELIZABETH  
Address: 165 SURF RD  
City-St-Zip: SOPCHOPPY, FL 32358

Title: D  
Name: GREEN, CHARLENE  
Address: 165 SURF RD  
City-St-Zip: SOPCHOPPY, FL 32358

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GLENDA M. SIMMONS

MRS.

02/16/2012

Electronic Signature of Signing Officer or Director

Date