## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N11783

(0)

TEMPLE CHURCH OF PENSACOLA, INC.

Principal Place of Business Mailing Address					L (001110) ED+ (1001 1301 1000)	9180 (ISI 61811 61811 81811 81811 85614 81811 1891
398 N NAVY BLVD.		398 N NAVY BLVD.		3. Date Incorporated or Qualific	ed	
PENSACOLA FL 32507		PENSACOLA FL 32507		10/06/1985		
					4. FEI Number	Applied For
2 Principal P	lace of Business	2a. Mailing Address			59-2708423	Not Applicable  \$8.75 Additional
21		26		5. Certificate of Status Desired	☐ \$8./5 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financin	9 <b>\$5.00</b> May Be	
City & State		27		Trust Fund Contribution	Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners association?		
Zip Country		Zip			8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due J	une 30. Yes No
	9. Name and Address of Curr	ent Registered Agent	8	Name	10. Name and Address of New	Registered Agent
// FTT :	DENNIO D					
KLETT, DENNIS R. 110 W. MADISON			8:	Street /	Address (P.O. Box Number is Not Acce	otable)
	COLA FL 32505		8:	3		
PENSACULA FL 32303			84	City		85 Zip Code
				""		FL
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.						
agent. I a	m familiar with, and accept the obl	ligations of, Section 617.0503, F	Florida Statute	s.		
SIGNATURE .	Signature, typed or printed name of registered	agent and little if applicable. (NC	OTE: Registered A	ent signature	required when reinstating)	DATE
12.		ND DIRECTORS	13.			<del></del>
TITLE			10.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
111155	Ď	DELETE	1.1 TITLE		70	Change X Addition
NAME	HODGES, JOHN		1.1 TITLE 1.2 NAME		70	Change X Addition
NAME STREET ADDRESS	HODGES, JOHN 507 IVES PLACE		1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS	70	Change X Addition
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14. 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 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:

850-456-0417

**FILED** 

Jan 15 1998 8:00am

Secretary of State