

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 08, 1999 8:00am
Secretary of State

02-08-1999 90049 030 *****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14594

1. Corporation Name

EVANGELIST TEMPLE CHURCH OF GOD IN CHRIST INC.

Principal Place of Business

6920 NORTH PEARL ST
JACKSONVILLE FL 32209

Mailing Address

6920 NORTH PEARL ST
JACKSONVILLE FL 32209



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/22/1986

4. FEI Number
59-2672862

☒ 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

9. Name and Address of Current Registered Agent

REED, CHARLES W
4510 TRENTON DRIVE NORTH
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE
NAME JONES, DOROTHY
STREET ADDRESS 5435 MINOSA CT
CITY-ST-ZIP JACKSONVILLE FL 32209

S ☐ DELETE
NAME BELL, SHIRLEY
STREET ADDRESS 5033 GRANN LLOYD DR
CITY-ST-ZIP JACKSONVILLE FL 32209

TD ☐ DELETE
NAME PETERSON, CENTRAL
STREET ADDRESS 2654 WILKINS CT
CITY-ST-ZIP JACKSONVILLE FL

T ☐ DELETE
NAME PECK, MARCUS
STREET ADDRESS 7840 JEFF DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32244

P ☐ DELETE
NAME REED, CHARLES W
STREET ADDRESS 4510 TRENTON DRIVE NORTH
CITY-ST-ZIP JACKSONVILLE FL 32209

☐ DELETE
NAME JONES, DOROTHY
STREET ADDRESS 5435 MINOSA CT
CITY-ST-ZIP JACKSONVILLE FL 32209

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-99(904) 768-6958

CR2E037 (1/98)