

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90042 047 \*\*\*\*70.00

**DOCUMENT # N14594**

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2672862

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

REED, CHARLES W.  
4510 TRENTON DRIVE NORTH  
JACKSONVILLE FL 32209

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	JONES, DOROTHY	<input type="checkbox"/> Delete
STREET ADDRESS	5435 MINOSA CT	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE NAME	BELL, SHIRLEY	<input type="checkbox"/> Delete
STREET ADDRESS	5033 GRANN LLOYD DR	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE NAME	PETERSON, CENTRAL	<input type="checkbox"/> Delete
STREET ADDRESS	2654 WILKINS CT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME	PECK, MARCUS	<input type="checkbox"/> Delete
STREET ADDRESS	7840 JEFF DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE NAME	REED, CHARLES W	<input type="checkbox"/> Delete
STREET ADDRESS	4510 TRENTON DRIVE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Charles W. Reed*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-04

Date

904-768-6958  
Daytime Phone #