

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 08:00 AM
Secretary of State

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2672862

Applied For
Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2006**

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 ☐ Delete
NAME **JONES, DOROTHY**
STREET ADDRESS **5435 MINOSA CT**
CITY-STATE-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Delete
NAME **BELL, SHIRLEY**
STREET ADDRESS **5033 GRANN LLOYD DR**
CITY-STATE-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Delete
NAME **PETERSON, CENTRAL**
STREET ADDRESS **2654 WILKINS CT**
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
NAME **PECK, MARCUS**
STREET ADDRESS **7840 JEFF DRIVE**
CITY-STATE-ZIP **JACKSONVILLE FL 32244**

TITLE ☐ Delete
NAME **REED, CHARLES W**
STREET ADDRESS **4510 TRENTON DRIVE NORTH**
CITY-STATE-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS **UN0000437654**
CITY-STATE-ZIP **02/28/06-80053-005 70.00**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add
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CITY-STATE-ZIP

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CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.