

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

**FILED**

**Feb 12 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N28182 (6)**  
1. Corporation Name  
**THE TEMPLE OF JESUS AND THE HOLY GHOST, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>383 E. 45TH ST.<br/>JACKSONVILLE FL 32208</b> | Mailing Address<br><b>383 E. 45TH ST.<br/>JACKSONVILLE FL 32208</b> |
|---|---|

3. Date Incorporated or Qualified  
**09/01/1988**

4. FEI Number  
**NOT APPLICABLE**

|             |                |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

|                                 |                         |
|---------------------------------|-------------------------|
| 21. Principal Place of Business | 2a. Mailing Address     |
| 22. Suite, Apt. #, etc.         | 26. Suite, Apt. #, etc. |
| 23. City & State                | 27. City & State        |
| 24. Zip                         | 28. Zip                 |
| 25. Country                     | 29. Country             |
| 30. Country                     |                         |

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**HARRIS, RUFUS  
1130 EAST 28TH STREET  
JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent

81 Name

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

83

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HARRIS, RUFUS</b>                     | 1.2 NAME  |   |
| STREET ADDRESS             | <b>383 EAST 45TH STREET</b>              | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>                   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HARRIS, SARAH JANE</b>                | 2.2 NAME  |   |
| STREET ADDRESS             | <b>383 EAST 45TH STREET</b>              | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>                   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CULVER, ELLA M</b>                    | 3.2 NAME  |   |
| STREET ADDRESS             | <b>1550 W. 23RD. STREET</b>              | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>                   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GARDNER, MARY S</b>                   | 4.2 NAME  |   |
| STREET ADDRESS             | <b>1023 EAST 22ND ST.</b>                | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>                   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 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.

SIGNATURE: Rufus Harris **RUFUS HARRIS** 2/8/98 904-353-7570

CR2E037 (10/97)