


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N28182 1. Entity Name THE TEMPLE OF JESUS AND THE HOLY GHOST, INC.			
Principal Place of Business		Mailing Address	
1164 EAST 21ST JACKSONVILLE FL 32206		383 EAST 45TH STREET JACKSONVILLE FL 32208	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For	
NO-T APPLICABLE		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARRIS, RUFUS 383 EAST 45 STREET JACKSONVILLE FL 32208		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, SARAH JANE	NAME	
STREET ADDRESS	383 EAST 45TH STREET	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32208	CITY- ST- ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, SARAH JANE	NAME	
STREET ADDRESS	383 EAST 45TH STREET	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32208	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, MARY S	NAME	
STREET ADDRESS	1023 EAST 22ND ST.	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	CITY- ST- ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, VANESSA	NAME	
STREET ADDRESS	328 E 48 ST	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32208	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	



1st MOORE CR2E037 (10/06)

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02/19/07-80036-013 61.25

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.

SIGNATURE: Rufus Harris **Rufus Harris** 2/7/07 (904) 353-7570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Domicile Phone #