


FILE NOW: FILING FEE IS \$61.25

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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90007 044 ****61.29

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N37127 1. Corporation Name CHRISTIAN TEMPLE CHURCH, INC.		
Principal Place of Business 450 W 34TH ST RIVIERA BEACH FL 33404 US	Mailing Address 450 W 34TH ST RIVIERA BEACH FL 33404 US	

468731-90007-44



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/12/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0185424
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
29	30	6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DIXON, GENE 450 W 34TH ST RIVIERA BEACH FL 33404		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, GENE	1.2 NAME	
STREET ADDRESS	450 W 34TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, RONALD	2.2 NAME	
STREET ADDRESS	450 W. 34TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIR, ETHEL	3.2 NAME	
STREET ADDRESS	3216 J AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BCH. FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: GENE DIXON, Director
SIGNATURE REQUIRED
4/26/99 561-844-7816
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)