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

Feb 27, 2006 8:00 am **Secretary of State** DOCUMENT # N37127 1. Entity Name 02-27-2006 90087 023 ****61.25 CHRISTIAN TEMPLE CHURCH, INC. Principal Place of Business Mailing Address 450 W 34TH ST RIVIERA BEACH FL 33404 450 W 34TH ST RIVIERA BEACH FL 33404 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 65-0185424 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIXON, GENE Street Address (P.O. Box Number is Not Acceptable) 450 W 34TH ST RIVIERA BEACH FL 33404 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Change Addition DIXON, GENE NAME MAME 450 W 34TH ST STREET ADDRESS STREET ADDRESS RIVIERA BEACH FL CITY-ST-ZIP CITY-ST-7IP TITLE **Change** Addition TITLE Delete SEARS, STEPHANIE NAME NAME 640 38TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP TITLE TITLE ☐ Addition Delete. FAIR, ETHEL Konald NAME NAME STREET ADDRESS 450 W. 3216 J AVE. STREET ADDRESS CITY-ST-7iP RIVERA BCH. FL CITY-ST-ZIP ☐ Addition Delete TITLE EITLE DAWSON, DONYALE NAME NAME STREET ADDRESS 135 W 34 ST STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL 33404 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not quality 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE