


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

FILED
Aug 06, 2007 08:00 AM
Secretary of State

DOCUMENT # N37127 1. Entity 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
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

2nd MOORE CR2E037 (4/07)

6. Name and Address of Current Registered Agent DIXON, GENE 450 W 34TH ST RIVIERA BEACH FL 33404	7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By September 5, 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	
TITLE	D <input type="checkbox"/> Delete DIXON, GENE 450 W 34TH ST RIVIERA BEACH FL
NAME	SERMON, BARBARA <input type="checkbox"/> Delete 6285 MULLEN ST JUPITER FL 33458
STREET ADDRESS	FAIR, RONALD <input type="checkbox"/> Delete 450 W 34TH ST RIVIERA BEACH FL 33404
CITY-ST-ZIP	
CITY-ST-ZIP	
CITY-ST-ZIP	
CITY-ST-ZIP	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
CITY-ST-ZIP	
CITY-ST-ZIP	
CITY-ST-ZIP	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: GENE DIXON *Gene Dixon* 8-3-07 561-844-7816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #