

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 26, 1999 8:00 am  
Secretary of State

03-26-1999 90018 014 \*\*\*\*70.00

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DOCUMENT # N46380

1. Corporation Name

COLLINS TEMPLE AME CHURCH, INC.

Principal Place of Business

3620 18TH AVE S  
ST PETERSBURG FL 33735  
US

Mailing Address

P.O. BOX 530095  
ST. PETERSBURG FL 33747  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/09/1991

4. FEI Number

59-6565713

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Not Applicable

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

JONES, EDWARD L.  
2006 KIOWA LN  
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name EDWARD J. BARTHELL  
82 Street Address (P.O. Box Number is Not Acceptable)  
2006 Kiowa LN.  
83  
84 City VALRICO FL 85 Zip Code 33594

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

EDWARD J. BARTHELL, Chairman

DATE

3/9/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	BRACY MARGARET	
STREET ADDRESS	2320-23RD AVE. SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, EDWARD L.	
STREET ADDRESS	2006 KIOWA LN	
CITY-ST-ZIP	VALRICO FL 33559	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	FLOWERS QUEEN	
STREET ADDRESS	1934-21ST AVE. SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS BRYANT,	
STREET ADDRESS	1312 11TH AVE. SO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EDWARD J. BARTHELL
2.3 STREET ADDRESS	2006 Kiowa LN
2.4 CITY-ST-ZIP	VALRICO, FL 33594
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Rev. Edward Barthell, Chairman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)