

FILE NOW: FILING FEE IS \$61.25

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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49594**
1. Corporation Name

Holy crusade Temple Incorporated

Principal Place of Business Mailing Address
Hwy 90 GRENA Blountstown, FL 32424

3. Date Incorporated or Qualified
4. FEI Number *64-0651474* Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 *626 Palm St* 26 *Blountstown FL 32424*
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State *Blountstown FL 32424* 28 City & State *Blountstown FL 32424*
24 Zip *32424* 29 Country *Calhoun* 30 Zip *32424* 31 Country *Calhoun*

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
TRENA PENN
626 Palm St
Blountstown, FL 32424

10. Name and Address of New Registered Agent
81 Name *TRENA PENN*
82 Street Address (P.O. Box Number is Not Acceptable) *626 Palm St.*
83
84 City *Blountstown* FL 85 Zip Code *32424*

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 *TRENA PENN* *Trena Penn* 4/26/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME *RD BROWN Pearl*
STREET ADDRESS *4106 Charles St*
CITY-ST-ZIP *MOSS POINT MS 39563*
TITLE ☐ DELETE
NAME *SD LaTasha D. Clay*
STREET ADDRESS *626 Palm St*
CITY-ST-ZIP *Blountstown, FL 32424*
TITLE ☐ DELETE
NAME *PD Trina Penn*
STREET ADDRESS *626 Palm St.*
CITY-ST-ZIP *Blountstown, FL 32424*
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME *3000025215 P*
5.3 STREET ADDRESS *-05/13/98--01025--005*
5.4 CITY-ST-ZIP ****61.25*
6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: *Trena Penn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)