

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2005 8:00 am**  
**Secretary of State**

06-02-2005 90002 008 \*\*\*\*61.25

**DOCUMENT # N48594**

1. Entity Name  
HOLY CRUSADE TEMPLE, INCORPORATED



Principal Place of Business  
626 PALM ST  
BLOUNTSTOWN, FL 32424

Mailing Address  
3912 ANN ST.  
APT.#1  
MOSS POINT, MS 39563

00053243



2. Principal Place of Business

626 PALM ST

3. Mailing Address

3900 ANN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05162005

Chg-NP

CR2E037 (10/03)

City & State

BLOUNTSTOWN FL

City & State

MOSS POINT MS

4. FEI Number

64-0651474

Applied For

Not Applicable

Zip

32424

Country

FLORIDA

Zip

39563

Country

MISSISSIPPI

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUFFMAN, TRENA S  
626 PALM ST  
BLOUNTSTOWN, FL 32424

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

*Trena Huffman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/25/05

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BROWN, OVERSEER P  
STREET ADDRESS 4106 CHARLES ST  
CITY-ST-ZIP MOSS POINT, MS 39563

TITLE SD ☐ Delete  
NAME HOWARD, LATASHA  
STREET ADDRESS 626 PALM ST.  
CITY-ST-ZIP BLOUNTSTOWN, FL 32424

TITLE PD ☐ Delete  
NAME HUFFMAN, TRENA  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

*Trena Huffman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/05 228-474-7198

Date

Daytime Phone #