

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 05, 2006 08:00 AM
Secretary of State**

DOCUMENT # N48594

1. Entity Name
HOLY CRUSADE TEMPLE, INCORPORATED



Principal Place of Business
**626 PALM ST
BLOUNTSTOWN, FL 32424**

Mailing Address
**3900 ANN ST
A
MOSS POINT, MS 34563**



05312006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0651474

Applied For
Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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)

5/31/06

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000566781
06/05/06-80008-006 61.25**

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HUFFMAN, TRENA
626 PALM ST
BLOUNTSTOWN, FL 32424**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Trena Huffman **Trena Huffman**

5/31/06

Date

Daytime Phone #