

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004782

FILED  
May 17, 2011  
Secretary of State

**Entity Name:** CHRISTIAN FELLOWSHIP GOSPEL TEMPLE, INC.

**Current Principal Place of Business:**

1507 2ND AVE WEST  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

1507 2ND AVE WEST  
PALMETTO, FL 34221

**New Mailing Address:**

**FEI Number:** 65-0448191

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MC CLOUD, BERTHA M  
1507 2ND AVE. WEST  
PALMETTO, FL 34221 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: FPRE  
Name: LOVELY, BERTHA M  
Address: 718 45TH ST E  
City-St-Zip: BRADENTON, FL 34208

Title: SD  
Name: KEARSE, NORMAN L  
Address: 1519 WASHINGTON ST.  
City-St-Zip: CLEARWATER, FL 34616

Title: SD  
Name: LOVELY, EARNEST  
Address: 718 45TH ST. E  
City-St-Zip: BRADENTON, FL 34208

Title: DD  
Name: FORD, ELSIE  
Address: 2330 7TH AVE EAST  
City-St-Zip: PALMETTO, FL 34221

Title: VD  
Name: MC CLOUD, DONAVAN  
Address: 718 45TH ST.E  
City-St-Zip: BRADENTON, FL 34208

Title: MR  
Name: EARNEST LOVELY  
Address: 718 45TH ST E  
City-St-Zip: BRADENTON, FL 34208

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BERTHA MC CLOUD

MRS

05/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date