

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000000071

1. Entity Name

EVANGELIST TEMPLE FOR ALL PEOPLES, INC.



Principal Place of Business

2401 VIRGINIA AVE
LEESBURG FL 34748
US

Mailing Address

2316 OLIVET AVE
LEESBURG FL 34748
US

2. Principal Place of Business

2401 Virginia Ave

Suite, Apt. #, etc.

Leesburg, Fl.

City & State

Leesburg, Fl.

Zip

34748

Country

Us

3. Mailing Address

2316 Olivet Ave

Suite, Apt. #, etc.

2316

City & State

Leesburg, Fl.

Zip

34748

Country

us

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3339320

Applied For

Not Applied

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REESE, BETTY JEAN
2316 OLIVET AVE.
LEESBURG FL 34748

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	DP	<input type="checkbox"/> Delete
NAME	REESE, BETTY JEAN	
STREET ADDRESS	2316 OLIVET AVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	DV	<input type="checkbox"/> Delete
NAME	REESE, ALPHONSO C	
STREET ADDRESS	2316 OLIVET AVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, BESSIE	
STREET ADDRESS	43 HOBART ST	
CITY-ST-ZIP	ROCHESTER NY 14611	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GARDNER, LILLIE R	
STREET ADDRESS	43 HOBART ST	
CITY-ST-ZIP	ROCHESTER NY 14611	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, SYLVESTER	
STREET ADDRESS	P.O. BOX 277-24340	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	T	<input type="checkbox"/> Delete
NAME	FAGAN, DONNA	
STREET ADDRESS	6431 SE 216TH AVE	
CITY-ST-ZIP	MORRISTON FL 32668	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	1000000425547	
CITY-ST-ZIP	02/20/06-80005-023 8.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	1000000425547	
CITY-ST-ZIP	02/20/06-80005-024 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Betty Jean Reese

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-06 352-365-2172

Date

Daytime Phone #