

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

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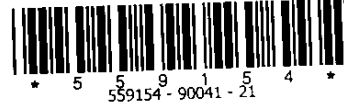
1. Corporation Name **GREATER TEMPLE CHURCH MINISTRIES**

Principal Place of Business

700 BEAL PARKWAY
FT. WALTON BEACH, FL
32547

Mailing Address

6949 ELLIOT'S GIN LANE
NAVARRE, FLORIDA
32566-8588



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 700 BEAL PARKWAY		26		MARCH 17, 1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3230997	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 FT WALTON BEACH, FL		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 32547		29 Country		30	

9. Name and Address of Current Registered Agent

GERALD L. WATERS, SR.
6949 ELLIOT'S GIN LANE
NAVARRE, FLORIDA 32566-8588

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **GERALD L. WATERS, SR. PRESIDENT**

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

(NOTS) Signature of agent signature required when relinquishing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES W. PITTS, JR.	1.2 NAME	ANDREA R WATERS
STREET ADDRESS	12 TENTH STREET	1.3 STREET ADDRESS	6949 ELLOIT'S GIN LANE
CITY-ST-ZIP	SHALMAR, FLORIDA 32579	1.4 CITY-ST-ZIP	NAVARRE, FLORIDA 32566-8588
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDA LEETH	2.2 NAME	ZAKIA D WATERS
STREET ADDRESS	1794 LARIAT LANE	2.3 STREET ADDRESS	6949 ELLOIT'S GIN LANE
CITY-ST-ZIP	FT WALTON BEACH, FL 32547	2.4 CITY-ST-ZIP	NAVARRE, FLORIDA 32566-8588
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD DAVIS	3.2 NAME	DUTCHESS NOLAND
STREET ADDRESS	621 OSCEOLA DRIVE	3.3 STREET ADDRESS	DELEWARE STREET
CITY-ST-ZIP	EGLIN AFB, FL 32542	3.4 CITY-ST-ZIP	FT WALTON BEACH, FLORIDA 32548
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERALD L WATERS, SR.	4.2 NAME	GERALD L. WATERS, SR.
STREET ADDRESS	12 COURTNEY LANE	4.3 STREET ADDRESS	6949 ELLOIT'S GIN LANE
CITY-ST-ZIP	CRESTVIEW, FL 32539	4.4 CITY-ST-ZIP	NAVARRE, FLORIDA 32566-8588
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL DAVIS	5.2 NAME	GERALD L WATERS, JR
STREET ADDRESS	14B FOSTER DRIVE	5.3 STREET ADDRESS	KATHERINE STREET APT E
CITY-ST-ZIP	EGLIN AFB, FLORIDA 32542	5.4 CITY-ST-ZIP	FT WALTON BEACH, FLORIDA 32547
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Andrea R. Waters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

833-3506

Daytime Phone #

CR2E037 (1/98)