

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 17, 2005 8:00 am
Secretary of State

06-17-2005 90002 004 ****61.25

DOCUMENT # N94000003430

1. Entity Name

SANFORD EL BETHEL TEMPLE, CORP.



Principal Place of Business

915 W. 3RD STREET
SANFORD FL 32771

Mailing Address

P.O. BOX 2730
SANFORD FL 32772-2730



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3243035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARRINGTON, WILLIE D
4502 EVERS PLACE
ORLANDO FL 32811

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 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 ARRINGTON, WILLIE DAVID
STREET ADDRESS 4502 EVERS PLACE
CITY-ST-ZIP ORLANDO FL 32811

TITLE D ☐ Delete
NAME JAMES L. JOSEPH
STREET ADDRESS 4320 CYNTHIA ST.
CITY-ST-ZIP ORLANDO FL

TITLE SD ☐ Delete
NAME JOSEPH, CYNTHIA
STREET ADDRESS 4320 CYNTHIA STREET
CITY-ST-ZIP ORLANDO FL 32811

TITLE CFD ☐ Delete
NAME WADE, WILLIE M
STREET ADDRESS 1820 N. POWERS DRIVE
CITY-ST-ZIP ORLANDO FL 32818

TITLE TD ☐ Delete
NAME WILLIAMS, MONA L
STREET ADDRESS 4735 N. PINE HILLS ROAD
CITY-ST-ZIP ORLANDO FL 32808

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME CFD
STREET ADDRESS Young, WILLIE M
CITY-ST-ZIP 1820 N. Powers Drive
Orlando FL 32818

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Willie Mae Young* Willie Mae Young

6-14-05

407-292-6405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #