

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001310

FILED
Apr 28, 2008
Secretary of State

Entity Name: ALLEN TEMPLE CHRISTIAN CENTER CHURCH, INC.

Current Principal Place of Business:

257 NORTH SLOAN AVENUE
LAKELAND, FL 33815 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1962
LAKELAND, FL 33802 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ALLEN, CORDELL
257 NORTH SLOAN AVENUE
LAKELAND, FL 33815 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: P () Delete
Name: ALLEN, CORDELL
Address: 257 NORTH SLOAN AVENUE
City-St-Zip: LAKELAND, FL 33815 US

Title: V () Delete
Name: ALLEN, MAMIE D
Address: 257 NORTH SLOAN AVENUE
City-St-Zip: LAKELAND, FL 33815 US

Title: ST () Delete
Name: BATES, TONIA
Address: 2432 CORAL WAY
City-St-Zip: LAKELAND, FL 33801 US

Title: T () Delete
Name: FULLER, ROBYN
Address: 1612 EAST FERN STREET, #1
City-St-Zip: LAKELAND, FL 33801 US

Title: T () Delete
Name: SMITH, GLORIA
Address: 12 CAPPY'S WAY
City-St-Zip: BROCKTON, MA 02302 US

Title: T () Delete
Name: ALLEN, CHRISTOPHER
Address: 257 NORTH SLOAN AVENUE
City-St-Zip: LAKELAND, FL 33815 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: FULLER, ROBYN
Address: 257 NORTH SLOAN AVENUE
City-St-Zip: LAKELAND, FL 33815 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MAMIE D. ALLEN

V

04/28/2008

Electronic Signature of Signing Officer or Director

Date