


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90076 016 ****61.25

DOCUMENT # N95000001350					
1. Entity Name EVANGEL TEMPLE CHURCH OF GOD IN CHRIST, INC. OF QUINCY					
Principal Place of Business 437 WILLIAMS STREET QUINCY, FL 32351			Mailing Address P.O. BOX 1414 QUINCY, FL 32353		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02212005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3095972				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASH, RICHARD 811 PALM BEACH STREET TALLAHASSEE, FL 32310			7. Name and Address of New Registered Agent Name: <u>RICHARD ASH II</u> Street Address (P.O. Box Number is Not Acceptable): <u>6798 WALDEN CIR</u> <u>TALLAHASSEE</u> City: <u>TALLAHASSEE</u> FL Zip Code: <u>32317</u>		
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: <u>[Signature]</u> DATE: <u>23 FEB 05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	ASH, RICHARD <input checked="" type="checkbox"/> Delete		TITLE PD	RICHARD ASH II <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	811 PALM BEACH STREET		NAME	6798 WALDEN CIR	
STREET ADDRESS	TALLAHASSEE, FL 32310		STREET ADDRESS	TALLAHASSEE, FL 32317	
CITY-ST-ZIP	TALLAHASSEE, FL 32310		CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE VD	CARD, STANLEY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2153 ASPLAGE RD.		NAME	[Blank]	
STREET ADDRESS	QUINCY, FL 32351		STREET ADDRESS	[Blank]	
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP	[Blank]	
TITLE SD	ROBINSON, LEROY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PO BOX 242		NAME	[Blank]	
STREET ADDRESS	CHATTAHOOCHEE, FL 32324		STREET ADDRESS	[Blank]	
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324		CITY-ST-ZIP	[Blank]	
TITLE TD	RITTMAN, CHARITY B <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	39 RITTMAN LANE		NAME	[Blank]	
STREET ADDRESS	QUINCY, FL 32351		STREET ADDRESS	[Blank]	
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP	[Blank]	
TITLE VD	ASH, RICHARD II <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	841 OSCEOLA ST		NAME	[Blank]	
STREET ADDRESS	TALLAHASSEE, FL 32310		STREET ADDRESS	[Blank]	
CITY-ST-ZIP	TALLAHASSEE, FL 32310		CITY-ST-ZIP	[Blank]	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	[Blank]		NAME	[Blank]	
STREET ADDRESS	[Blank]		STREET ADDRESS	[Blank]	
CITY-ST-ZIP	[Blank]		CITY-ST-ZIP	[Blank]	
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: <u>[Signature]</u>			Date: <u>23 FEB 05</u> Daytime Phone #: <u>(850) 544-9028</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					