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Jun 02 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000001789 (5)

1. Corporation Name

TEMPLE OF GOD'S CHURCH AND MISSION, INC.

Principal Place of Business

176 E. 8TH ST.  
APOPKA FL 32703

Mailing Address

246 W. 8TH  
APOPKA FL 32703-5116

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

HUGLEY, JOHNNIE M  
246 WEST 8TH STREET  
APOPKA FL 32703

3. Date Incorporated or Qualified  
04/14/1995

3a. Date of Last Report  
05/01/1996

4. FEI Number

APPLIED FOR 59-3302104

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HUGHLEY, JOHNNIE M  
STREET ADDRESS 246 W. 8TH ST.  
CITY-ST-ZIP APOPKA FL 32703

TITLE SD ☐ DELETE

NAME HUGLEY, TAMITRIA  
STREET ADDRESS 247 W. 8TH ST.  
CITY-ST-ZIP APOPKA FL 32703

TITLE TD ☐ DELETE

NAME SIMMON, NIKKI LEE  
STREET ADDRESS 15 E. CLEVELAND  
CITY-ST-ZIP APOPKA FL 32703

TITLE VD ☐ DELETE

NAME TINSLEY, MARY  
STREET ADDRESS P.O. BOX 416 N/A  
CITY-ST-ZIP ZELLWOOD FL 32708

TITLE D ☐ DELETE

NAME SIMMON, OSCAR  
STREET ADDRESS 15 E. CLEVELAND  
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

8000002207778  
-06/10/97--01076--006  
\*\*\*70.00

14. I do 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.

CR2E037 (9/96)