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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N95000001789

1. Corporation Name

TEMPLE OF GOD'S CHURCH AND MISSION, INC.

Principal Place of Business

176 E. 5TH ST.  
APOPKA FL 32703

Mailing Address

246 W. 8TH  
APOPKA FL 32703



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/14/1995

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3302104

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

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

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

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

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE VD  
NAME TINSLEY, MARY  
STREET ADDRESS P.O. BOX 416 N/A  
CITY-ST-ZIP ZELLWOOD FL 32798

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

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

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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: J.M.H. SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-99

CR2E037 (1/1/98)