


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-09-2004 90029 017 ****70.00

DOCUMENT # N95000001789					
1. Entity Name TEMPLE OF GOD'S CHURCH AND MISSION, INC.					
Principal Place of Business		Mailing Address			
176 E. 5TH ST. APOPKA FL 32703		246 W. 8TH APOPKA FL 32703			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 00-0001789 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. <input type="checkbox"/> Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HUGLEY, JOHNNIE M 246 WEST 8TH-STREET APOPKA FL 32703			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 <i>Johnnie M Hugley</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <i>4-7-2004</i>	
FILE NOW - FEE IS \$61.25 Due By May 1, 2004		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUGHLEY, JOHNNIE M		NAME		
STREET ADDRESS	246 W. 8TH ST.		STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUGLEY, TAMITRIA		NAME		
STREET ADDRESS	247 W. 8TH ST.		STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMMON, NIKKI LEE		NAME		
STREET ADDRESS	15 E. CLEVELAND		STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TINSLEY, MARY		NAME		
STREET ADDRESS	P.O. BOX 416 N/A		STREET ADDRESS		
CITY-ST-ZIP	ZELLWOOD FL 32798		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMMON, OSCAR		NAME		
STREET ADDRESS	15 E. CLEVELAND		STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Johnnie M Hugley</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <i>4-16-2004</i> DAYTIME PHONE #	