

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90142 032 ****70.00

DOCUMENT # N95000001789 1. Entity 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 Suite, Apt. #, etc. Homes		3. Mailing Address Suite, Apt. #, etc. 246 W. 8th	
City & State Apopka, FL-32703		City & State Apopka, FL	
Zip 32703		Zip 32703	
Country Orange		Country Orange	
6. Name and Address of Current Registered Agent HUGLEY, JOHNNIE M 246 WEST 8TH STREET APOPKA, FL 32703		7. Name and Address of New Registered Agent Name Johnnie M. Hughley Street Address (P.O. Box Number is Not Acceptable) 246 West 8th St City Apopka FL Zip Code 32703	
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>Johnnie M. Hughley</u> DATE _____ <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 NAME STREET ADDRESS CITY-ST-ZIP	D HUGLEY, JOHNNIE M 246 W. 8TH ST. APOPKA, FL 32703	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUGLEY, TAMITRIA 247 W. 8TH ST. APOPKA, FL 32703	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMMON, NIKKI LEE 15 E. CLEVELAND APOPKA, FL 32703	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TINSLEY, MARY P.O. BOX 416 N/A ZELLWOOD, FL 32798	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMON, OSCAR 15 E. CLEVELAND APOPKA, FL 32703	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	
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: Johnnie M. Hughley <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date _____		Daytime Phone # _____	