

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 29 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000000425 (6)  
 1. Corporation Name  
 HOLY TEMPLE PENTECOSTAL CHURCH, INC.



Principal Place of Business Mailing Address  
 14909 MERIDIAN RD. N. TALLAHASSEE FL 32312 US  
 14909 MERIDIAN RD. N. TALLAHASSEE FL 32312 US

3. Date Incorporated or Qualified  
 01/24/1996

4. FEI Number  
 47-0439492

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
 RANDOLPH, HENRIETTA  
 ROUTE 3, BOX 679-D1  
 TALLAHASSEE FL 32308

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RANDOLPH, HENRIETTA	
STREET ADDRESS	ROUTE 3, BOX 679-D1	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARDLEY, MARY	
STREET ADDRESS	ROUTE 3, BOX 679-D1	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ALMOND, NANCT	
STREET ADDRESS	ROUTE 3, BOX 679-D1	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Trustee Bd Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wilbert Fryson	
1.3 STREET ADDRESS	Rt 3 Box 680 Proctor Rd	
1.4 CITY-ST-ZIP	Tallahassee, FL 32308	
2.1 TITLE	Associate Pastor	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Zunever Young	
2.3 STREET ADDRESS	2881 Oak Lane Dr.	
2.4 CITY-ST-ZIP	Tallahassee, FL 32308	
3.1 TITLE	Assistant Pastor	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	James Fryson	
3.3 STREET ADDRESS	701 Okabasa St.	
3.4 CITY-ST-ZIP	Tallahassee, FL 32310	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	3000026071	
5.3 STREET ADDRESS	--08/04/98--01072--024	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

PE  
7-29

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.

SIGNATURE: Mary Ardley 7-16-98 385-5630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Business Phone #

CR2E037 (5/98)