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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **N96000000425**

1. Corporation Name

HOLY TEMPLE PENTECOSTAL CHURCH, INC.

Principal Place of Business

14909 MERIDIAN RD. N.
 TALLAHASSEE FL 32312
 US

Mailing Address

14909 MERIDIAN RD. N.
 TALLAHASSEE FL 32312
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/24/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

47-0439492

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RANDOLPH, HENRIETTA
ROUTE 3, BOX 679-D1
TALLAHASSEE FL 32308

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 PD DELETE
 NAME RANDOLPH, HENRIETTA
 STREET ADDRESS ROUTE 3, BOX 679-D1
 CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE PD DELETE
 NAME ARDLEY, MARY
 STREET ADDRESS ROUTE 3, BOX 679-D1
 CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE TC DELETE
 NAME FRYSON, WILBERT
 STREET ADDRESS ROUTE 3, BOX 680 PROCTOR RD
 CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE AP DELETE
 NAME YOUNG, ZUNEVER
 STREET ADDRESS 2881 OAK LANE DR
 CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE AP DELETE
 NAME FRYSON, JAMES
 STREET ADDRESS 701 OKALOOSA ST
 CITY-ST-ZIP TALLAHASSEE FL 32310

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 *Henrietta Randolph*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henrietta Randolph
 2/2/99 893-4109
 Date Daytime Phone #

CR2E037 (1/198)