


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2008 8:00 am
Secretary of State

07-29-2008 90009 009 ****61.25

DOCUMENT # N96000000425					
1. Entity Name HOLY TEMPLE PENTECOSTAL CHURCH, INC.					
Principal Place of Business 6074 PROCTOR ROAD TALLAHASSEE, FL 32309 US			Mailing Address 6074 PROCTOR ROAD TALLAHASSEE, FL 32309 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RANDOLPH, HENRIETTA 6074 PROCTOR ROAD TALLAHASSEE, FL 32309				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ 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 September 12, 2008			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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH, HENRIETTA			NAME	
STREET ADDRESS	6074 PROCTOR RD			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308 32309			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARDLEY, MARY			NAME	
STREET ADDRESS	2850 ARDLEY LANE			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308			CITY-ST-ZIP	
TITLE	TC	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRYSON, WILBERT			NAME	
STREET ADDRESS	6065 PROCTOR RD			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308 32309			CITY-ST-ZIP	
TITLE	AP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ZUNEVER			NAME	
STREET ADDRESS	2881 OAK LANE DR			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSE, FL 32308			CITY-ST-ZIP	
TITLE	AP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRYSON, JAMES			NAME	
STREET ADDRESS	701 OKALOOSA ST			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32310			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, VELEDA			NAME	
STREET ADDRESS	13024 MICCOUSKEE ROAD			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32309			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Henrietta Randolph Henrietta Randolph</i>				Date: 7/28/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 545-0485	