

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90124 049 \*\*\*\*61.25

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # N96000001284</b>   |   |   |  |   |  |
| <b>1. Entity Name</b><br>TEMPLE OF PRAISE CHURCH OF GOD IN CHRIST, INC.  |   |   |  |   |  |
| <b>Principal Place of Business</b><br>10972 HEARTWOOD HILLS BLVD<br>TALLAHASSEE, FL 32317 US   |   |   | <b>Mailing Address</b><br>10972 HEARTWOOD HILLS BLVD<br>TALLAHASSEE, FL 32317 US |   |  |
| <b>2. Principal Place of Business</b>  |   |   | <b>3. Mailing Address</b>  |   |  |
| Suite, Apt. #, etc.  |   |   | Suite, Apt. #, etc.  |   |  |
| City & State   |   |   | City & State   |   |  |
| Zip  |   | Country   |  | Zip   |  |
| Country  |   | Country   |  | 03172005    Chg-NP    CR2E037 (10/03)                             |  |
| <b>4. FEI Number</b><br>59-3349264   |   |   |  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable     |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   |   |  | <b>\$8.75 Additional Fee Required</b>                             |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>JONES, PASTOR DAVID<br>10972 HEARTWOOD HILLS BLVD.<br>TALLAHASSEE, FL 32311  |   |   | <b>7. Name and Address of New Registered Agent</b>                               |   |  |
| Name   |   |   | Name   |   |  |
| Street Address (P.O. Box Number is Not Acceptable)   |   |   | Street Address (P.O. Box Number is Not Acceptable)                               |   |  |
| City   |   |   | City   |   |  |
| FL   |   |   | Zip Code   |   |  |
| <b>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.</b>   |   |   |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)   |   |   |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>  |   | <b>9. Election Campaign Financing</b><br><input type="checkbox"/> Trust Fund Contribution |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                      |  |
| <b>Make check payable to Florida Department of State</b>   |   |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                     |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>T</b><br>DAVIS, NETTIE <input type="checkbox"/> Delete<br>10972 HEARTWOOD HILLS BLVD<br>TALLAHASSEE, FL 32317      |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>D</b><br>JONES, DAVID <input type="checkbox"/> Delete<br>10972 HEARTWOOD HILLS BLVD<br>TALLAHASSEE, FL 32317       |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>S</b><br>JONES, JENNIFER L <input type="checkbox"/> Delete<br>10972 HEARTWOOD HILLS BLVD.<br>TALLAHASSEE, FL 32317 |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
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| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete   |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>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.</b> |   |   |  |   |  |
| <b>SIGNATURE:</b> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |   | 3-17-05    212-3948<br>Date    Daytime Phone #                                   |   |  |

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