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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N96000002538 (4)**

1. Corporation Name

THE ONE ACCORD GOSPEL TEMPLE, INC.

Principal Place of Business	Mailing Address
5406 AVENUE B ~~GAINESVILLE FL 32209~~	5406 AVENUE B ~~GAINESVILLE FL 32209-2030~~

3. Date Incorporated or Qualified: 05/13/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 5406 Avenue B	26 5406 Avenue B
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Jacksonville, FL	28 City & State: Jacksonville, FL
24 Zip: 32209 25 Country: DUVAL	29 Zip: 32209 30 Country: DUVAL

4. FEI Number: 59-3256050 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOODMAN, JAN D SR 5406 AVENUE B ~~GAINESVILLE FL 32209~~ JACKSONVILLE, FL 32209	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	1.1 TITLE		☐ Change ☐ Addition
NAME	GOODMAN, JAN D SR		1.2 NAME		
STREET ADDRESS	5604 AVENUE B		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32209		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD, AILENE B		2.2 NAME		
STREET ADDRESS	5816 LUSAID DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32209		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHAW, JEANETTE		3.2 NAME		
STREET ADDRESS	800 BROWARD ROAD #B101		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PRINCE, HARRIETTE		4.2 NAME		
STREET ADDRESS	9070 7TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32208		4.4 CITY-ST-ZIP		
TITLE	~~SD~~	☒ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	~~MCCLENDON, SUSIE~~		5.2 NAME	PERRY, JANET	
STREET ADDRESS	~~1415 PAWHATTEN STREET~~		5.3 STREET ADDRESS	1333 DUNN AVENUE, #1007	
CITY-ST-ZIP	~~JACKSONVILLE FL 32209~~		5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE		☐ DELETE	6.1 TITLE	Tr	☐ Change ☒ Addition
NAME			6.2 NAME	WILLIAMS, GEORGE L.	
STREET ADDRESS			6.3 STREET ADDRESS	1851 WEST 23rd STREET	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32209	

CR2E037 (9/96)

14. I do 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: ~~Jan D. Goodman~~ FILED JAN D. GOODMAN, SR. 4/7/97 (904) 751-1030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0005278