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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N96000002538

1. Corporation Name
THE ONE ACCORD GOSPEL TEMPLE, INC.

Principal Place of Business	Mailing Address
5406 AVENUE B JACKSONVILLE FL 32209 US	~~5406 AVENUE B~~ ~~JACKSONVILLE FL 32209~~ ~~US~~

2. Principal Place of Business 21	2a. Mailing Address 26 PO BOX 12940	3. Date Incorporated or Qualifed 05/13/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 ---	4. FEI Number 59-3256050 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 JACKSONVILLE FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 25	Zip / Country 29 32209-0940 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GOODMAN, JAN D SR
5406 AVENUE B
JACKSONVILLE FL 32209

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	ARNOLD, VINCENT		3.2 NAME		
STREET ADDRESS	6807 RHODE ISLAND DR W		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32209		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		☐ Change ☐ Addition
NAME	PERRY, JANET		5.2 NAME		
STREET ADDRESS	1333 DUNN AVENUE, #1007		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	T to Tr	XX ☑ Change ☐ Addition
NAME	WILLIAMS, GEORGE L		6.2 NAME		
STREET ADDRESS	1851 W 23RD STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		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: Jan D. Goodman SR **SIGNATURE REQUIRED** 3/7/99 904-757-1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAN D GOODMAN SR

CR2E037 (11/98)