


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90007 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000006813					
1. Corporation Name ALL DENOMINATIONAL HOLY TEMPLE CHURCH INC.					
Principal Place of Business 919 COMBEE RD LAKELAND FL 33802			Mailing Address 303 N BRUNNELL PARKWAY #46 LAKELAND FL 33801		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 415 Montgomery Ave		12/08/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Lakeland FL		59-3499678	
24 Country		29 Polk		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
JONES, LILLIE M 303 N BRUNNELL PARKWAY #46 LAKELAND FL 33801			81 Name Lillie M Jones		
			82 Street Address (P.O. Box Number is Not Acceptable) 415 Montgomery Ave		
			83		
			84 City Lakeland		
			85 Zip Code 33801		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	JONES, LILLIE M				
STREET ADDRESS	303 N BRUNNELL PKWY #46				
CITY-ST-ZIP	LAKELAND FL 33801				
TITLE	D <input type="checkbox"/> DELETE				
NAME	LASTER, LILLIE M				
STREET ADDRESS	P O BOX 219 N/A				
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890				
TITLE	D <input type="checkbox"/> DELETE				
NAME	JONES, DAVID				
STREET ADDRESS	303 N BRUNNELL PKWY #46				
CITY-ST-ZIP	LAKELAND FL 33801				
TITLE	S <input type="checkbox"/> DELETE				
NAME	AUSTIN, SOPHIA				
STREET ADDRESS	303 N BRUNNELL PKWY #46				
CITY-ST-ZIP	LAKELAND FL 33801				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: Lillie M Jones SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 682-7054

CR2E037 (5/99)