


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000002410</b>	
1. Entity Name <b>JOHNSON TEMPLE CHURCH OF GOD IN CHRIST, INC.</b>	

Principal Place of Business <b>1150 HUNTINGTON RD CRESCENT CITY, FL 32112 US</b>	Mailing Address <b>940 LAKE ARGENTA DR. CRESCENT CITY, FL 32112 US</b>
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**DO NOT WRITE IN THIS SPACE**



04152004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3591071</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>TOMPKINS, DENNIS L 6119 AMBASSADOR DRIVE ORLANDO, FL 32808</b>
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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 _____ <small>Signature typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TOMPKINS, DENNIS 6119 AMBASSADOR DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BANKS, HAZEL 940 LAKE ARGENTA DRIVE CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BONAPARTE, JOHN 910 CENTER ST CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BANKS, RUBY 940 LAKE ARGENTA DRIVE CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D OWENS, STEPHANIE Y 223 WORCESTER ROAD POMONA PARK, FL 32181
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TOPMKINS, NATASHA V 6119 AMBASSADOR DRIVE ORLANDO, FL 3

U000000121098  
04/20/04-80036-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: <u>Stephanie Y Owens</u> <u>Stephanie Y. Owens</u> <u>4/16/04</u> <u>(386) 698-2902</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>