## 2006 NOT-FOR-PROSIT CORPORATION ANNUAL REPORT

## FILED Jun 23, 2006 8:00 am Secretary of State

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DOCUMENT # N98000002410  1. Entity Name JOHNSON TEMPLE CHURCH OF GOD IN CHRIST, INC.				0	6-23-2006 90009	003 ****61	.25	
Principal Place of Business 1150 HUNTINGTON RD CRESCENT CITY, FL 32112 US		Mailing Address 940 LAKE ARGENTA DR. CRESCENT CITY, FL 32112 US		1 184-1187 818 5818	40096816			
2. Principal Place of Business		3. Mailing Address P. O. Box 936						
Suite, Apt. #, etc.		Crescent City, FL		06022006 C	hg-NP CR2	2E037 (4/06)		
City & State		City & State		4. FEI Number 59-35910	71	<u> </u>	plied For it Applicable	
Zip	Country	32112	US Country	5. Certificate of S	itatus Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current F	Registered Agent		7. Name and Ad	dress of New Registere	ed Agent		
6119 AMB	S, DENNIS L ASSADOR DRIVE ), FL 32808	Street A	Hazel Bank ddress (P.O. Box Number is 114 Grove	Not Acceptable)				
			City	rescent Cit		L Zip Code	ຼ ຊ	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	registered agent, or both, in	the State of Florida. I a	ım familiar with,	and accept	
SIGNATURE .	Signifiure, typed submitted name of registered agent a	ny trille il applicable. (NOTE: R	Registered Agent signat	ure required when reinstating)	6	12/06		
Filing Fee is \$61.25  Due by Exptember 6, 2006  9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees	Florida Dep	eck payable to partment of St	ate	
10	OFFICERS AND DIR	ECTORS	11,		SES TO OFFICERS AND	DIRECTORS IN	<u>10</u> ¬	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMEKINS, DENNIS 6119 ÄMBASSADOR DRIVE ORLANDO, FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pastor Hazel Bank 1114 Grove Au Crescent C	S Fe. Ly fl 3211	Change	tition	
NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, HAZEL 940 LAKE ARGENTA DRIVE CRESCENT CITY, FL 32112	Oclete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Keith Bank GOG Cente Crescent C	<u>د</u> ک	Mange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONAPARTE, JOHN 910 CENTER ST CRESCENT CITY, FL 32112	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deacon Anthony Ow 223 Worce Pomona Par	<del></del>	range	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, RUBY 940 LAKE ARGENTA DRIVE CRESCENT CITY, FL 32112	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	182 Huntingt	BINE	Mange 1-2	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, STEPHANIE Y 223 WORCESTER ROAD POMONA PARK, FL 32181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mother Sabrina Rob Crescent Cit	inson.	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOPMKINS, NATASHA V 6119 AMBASSADOR DRIVE ORLANDO, FL 3	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		, ,	☐ Change	☐ Addition	

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 expowered.

SIGNATURE:

SATURE OF TYPED OR PRINTED NAMES OF JIGHING OFFICER OR DIRECTOR

6/2/06

(386)6492888