2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2008 8:00 am Secretary of State

DOCUMENT # N9800003144 1. Entity Name GOSPEL TEMPLE CHURCH OF GOD IN CHRIST, INC.						Secretary of State 02-14-2008 90030 010 ****61.25				
Principal Place of Business 705 NW 13TH AVE 0CALA, FL 32675		Mailing Address 705 NW 13TH AVE OCALA, FL 32675				MUJULI KURIL KÜRIK BURI	t 88111 #2111 #2128 11161	Almii Bìdh Giái	IKNE NE KNUT	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	· - ·							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01292008	Chg-NP	CR2E037	(12/06)		
City & State		City & State			4. FEI Number 59-3198			\rightarrow	plied For t Applicable	
Zip	Country	Zip	Cou	intry	5. Certificate of		" L Fe	B.75 Add se Required		
	6. Name and Address of Curren	rt Registered Agent			7. Name and	Address of Ne	w Registered Ag	ent		
AMOS, HOMER 7443 LENA CIRCLE ZEPHRYHILLS, FL 33540				Name Street Address (P.O. Box Number is Not Acceptable)						
				City				Zip Code		
				5,			FL			
ine ooligat	ions of registered agent.									
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registere	d Agent signature requ	ared when remstating)		DATE	.,		
SIGNATURE .	Signature, typed or printed name of registered age Filling Fee Is \$61.25 Due by May 1, 2008	nt and title 4 applicable. (NO: 9. Election Ca Trust Fund	ımpaign F	inancing	\$5.00 May Be Added to Fees	,	DATE Make check p Florida Departm	-		
SIGNATURE .	Filing Fee is \$61.25	9. Election Ca Trust Fund	ımpaign F	inancing	\$5.00 May Be Added to Fees	'	Make check p	ent of St	ate	
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12. I hereby 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 supplementaly report is true and accurate and that my signature shall have the same legal effect as if made under early; that I am an officer or director of the corporation or the receiver of 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:

2/8/0

352-840-9564