

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90035 025 ****61.25

DOCUMENT # N98000006027

1. Entity Name
**HOLSEY TEMPLE CHRISTIAN METHODIST EPISCOPAL
CHURCH, INC.**



Principal Place of Business
**3484 W. FIRST ST
JACKSONVILLE, FL 32254**

Mailing Address
**3484 W. FIRST ST
JACKSONVILLE, FL 32254**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, SR, LARRY J REV.
3484 W. FIRST ST
JACKSONVILLE, FL 32254**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Lizzie M. Simmons*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Feb. 8, 2004

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME ALLEN, SR, LARRY J REV.
STREET ADDRESS 1112 CATHART ST
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE PD ☒ Change ☐ Addition
NAME Lizzie M. Simmons Rev.
STREET ADDRESS 4243 Woodley Creek Rd.
CITY-ST-ZIP Jacksonville, FL 32218

TITLE T ☐ Delete
NAME CALDWELL, AGUSTUS
STREET ADDRESS 1112 CATHART ST
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME JAMES, KENNEITH
STREET ADDRESS 3129 W. 5TH ST
CITY-ST-ZIP JACKSONVILLE, FL 32254

TITLE T ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: *Lizzie M. Simmons*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 8, 2004 904-233-1115

Date Daytime Phone #