


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90012 014 ****61.25

DOCUMENT # N99000002896				
1. Entity Name BRACY TEMPLE CHURCH OF GOD IN CHRIST, INC.				
Principal Place of Business 2315 WEST 45TH STREET JACKSONVILLE FL 32208		Mailing Address 2315 WEST 45TH STREET JACKSONVILLE FL 32208		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent BRACY, VERNON 2315 WEST 45TH STREET JACKSONVILLE FL 32208				7. Name and Address of New Registered Agent
Name				Applied For
Street Address (P.O. Box Number is Not Acceptable)				Not Applicable
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				

24082387



MOORE CR2E037 (4/04)

4. FEI Number **59-3580824**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**FILE NOW: FEE IS \$61.25
Due By September 8, 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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRACY, VERNON			NAME			
STREET ADDRESS	6766 HEMA ROAD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32209			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARSHALL, REGINALD			NAME			
STREET ADDRESS	8205 BERRACUDA ROAD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32244			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JORDAN, ANGIE			NAME			
STREET ADDRESS	8957 MADISON AVE.			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32208			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARSHALL, BRIDGETTE Y			NAME			
STREET ADDRESS	8205 BARACUDA ROAD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32244			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JORDAN, DANIEL			NAME			
STREET ADDRESS	8957 MADISON AVE.			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32208			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIVENS, KATHY			NAME			
STREET ADDRESS	4763 IRVINGTON AVE.			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32208			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: *Vernon Bracy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-04 768-0891
Date Daytime Phone #