


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000002896
 1. Entity Name
BRACY TEMPLE CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business Mailing Address
2315 WEST 45TH STREET **2315 WEST 45TH STREET**
JACKSONVILLE FL 32208 **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

1st MOORE CR2E037 (10/04)
 4. FEI Number Applied For
59-3580824 Not Applicable

6. Name and Address of Current Registered Agent
BRACY, VERNON
2315 WEST 45TH STREET
JACKSONVILLE FL 32208

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete BRACY, VERNON 6766 HEMA ROAD JACKSONVILLE FL 32209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MARSHALL, REGINALD 8205 BERRACUDA ROAD JACKSONVILLE FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete JORDAN, ANGIE 8957 MADISON AVE. JACKSONVILLE FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MARSHALL, BRIDGETTE Y 8205 BARACUDA ROAD JACKSONVILLE FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete JORDAN, DANIEL 8957 MADISON AVE. JACKSONVILLE FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete GIVENS, KATHY 4763 IRVINGTON AVE. JACKSONVILLE FL 32208

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1100000275255 03/24/05-80043-011 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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* **3-16-05 268-0891**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #