

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 733489

**Entity Name:** HOLY TEMPLE OF GOD, INCORPORATED

**Current Principal Place of Business:**

LANDMARK HOLY TEMPLE OF GOD  
1220 N.E. 23RD AVENUE  
GAINESVILLE, FL 32609

**Current Mailing Address:**

1220 NE 23RD AVENUE  
GAINESVILLE, FL 32609 US

**FEI Number:** 59-2786486

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

NELSON, WANDA  
2701 NW 23 BLVD #T169  
GAINESVILLE, FL 32605 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title TRD  
Name LEWIS-HUTCHINSON, GLORIA  
Address P.O. BOX 1802  
City-State-Zip: KEYSTONE HEIGHTS FL 32666

Title TRD  
Name CAMPS, WILMA R  
Address 808 SE 20TH STREET  
City-State-Zip: GAINESVILLE FL 32641

Title TRD  
Name HARRIS, WILLIE  
Address 3226 NW 62ND AVENUE  
City-State-Zip: GAINESVILLE FL 32653

Title VD  
Name ROSS, WILLIE SR  
Address 2944 NW 128TH ROAD  
City-State-Zip: GAINESVILLE FL 32609

Title TRD  
Name NELSON, JAMES Q  
Address P.O. BOX 5163  
City-State-Zip: GAINESVILLE FL 32627

Title TSD  
Name BROWN, REBECCA GLORIA  
Address P.O. BOX 23  
City-State-Zip: MELROSE FL 32666

Title PD  
Name HUTCHINSON, HARVEY J JR  
Address P.O. BOX 1802  
City-State-Zip: KEYSTONE HEIGHTS FL 32666

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HARVEY J. HUTCHINSON

**PRESIDENT**

**04/05/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date