

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04551

Entity Name: FRESH START TEMPLE INCORPORATED**Current Principal Place of Business:**409 CHEROKEE ST
JACKSONVILLE, FL 32254**Current Mailing Address:**P. O. BOX 3484
JACKSONVILLE, FL 32206**FEI Number:** 07-9872437**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SMITH, ELLENE CDR
6604 MORSE GLEN LANE
JACKSONVILLE, FL 32244 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	FOUNDER
Name	SMITH, ELLENE CDR.
Address	6604 MORSE GLEN LANE
City-State-Zip:	JACKSONVILLE FL 32244

Title	PASTOR
Name	WILLIAMS, JOHN A
Address	6604 MORSE GLEN LANE
City-State-Zip:	JACKSONVILLE FL 32244

Title	VP
Name	WILLIAM, JANICE
Address	6604 MORSE GLEN LN.
City-State-Zip:	JACKSONVILLE FL 32244

Title	AT, ASST. SECRETARY
Name	WILLIAMS, ZORICA
Address	6628 COLBY HILL DRIVE
City-State-Zip:	JACKSONVILLE FL 32222

Title	CORRESPONDING SECRETARY
Name	SMITH, ROY H.
Address	6371 COLLINS RD. 1202
City-State-Zip:	JACKSONVILLE FL 322132244

Title	TREASURER
Name	KILLINGS, PATORNIA A
Address	4890 RICHARD STREET 22
City-State-Zip:	JACKSONVILLE FL 32207

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: JOHN A. WILLIAMS**PASTOR****01/03/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date