

2021 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 32244Title VP
Name WILLIAM, JANICE
Address 6604 MORSE GLEN LN.
City-State-Zip: JACKSONVILLE FL 32244Title CORRESPONDING SECRETARY
Name SMITH, ROY H.
Address 6371 COLLINS RD.
1202
City-State-Zip: JACKSONVILLE FL 322132244Title PASTOR
Name WILLIAMS, JOHN A
Address 6604 MORSE GLEN LANE
City-State-Zip: JACKSONVILLE FL 32244Title AT, ASST. SECRETARY
Name WILLIAMS, ZORICA
Address 6628 COLBY HILL DRIVE
City-State-Zip: JACKSONVILLE FL 32222Title 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

01/04/2021

Electronic Signature of Signing Officer/Director Detail_____
Date