

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07618

**Entity Name:** GREATER HOLY TEMPLE CHURCH OF GOD IN CHRIST, INC.

**Current Principal Place of Business:**

377 PATON ST.  
NOKOMIS, FL 34275

**Current Mailing Address:**

PO BOX 281  
LAUREL, FL 34275

**FEI Number:** 65-0452227

**Certificate of Status Desired:** No

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

MCRAE, LEON S  
4045 DULUTH TERRACE  
NORTH PORT, FL 34286 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 O  
Name PITTMAN, DAISY M  
Address 201 COLLINS ROAD  
City-State-Zip: NOKOMIS FL 34275

Title PD  
Name MCRAE, LEON S  
Address 4045 DULUTH TERR.  
City-State-Zip: NORTH PORT FL 34286

Title O  
Name CHISHOLM, STACY  
Address PO BOX 281  
City-State-Zip: LAUREL FL 34275

Title O  
Name STACKHOUSE, GERALD  
Address P O BOX 281  
City-State-Zip: NOKOMIS FL 34272

Title DEACONESS  
Name WATSON, ALICE FAYE  
Address P O BOX 1182  
City-State-Zip: NOKOMIS FL

*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:** LEON S. MCRAE

**PASTOR**

**04/18/2024**

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

\_\_\_\_\_  
Date