

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012599

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: TEMPLE OF LIGHT FELLOWSHIP MINISTRIES, INC.

**Current Principal Place of Business:**

10224 LEM TURNER ROAD  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

8959 SPRING HARVEST LANE WEST  
JACKSONVILLE, FL 32244

**New Mailing Address:**

FEI Number: 20-3840434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NELSON, RONALD B  
11091 COPPERHILL ROAD  
JACKSONVILLE, FL 32218 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MOORE, HERBERT  
Address: 8959 SPRING HARVEST LANE WEST  
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP ( ) Delete  
Name: MOORE, BETTY  
Address: 8959 SPRING HARVEST LANE WEST  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete  
Name: WILLIAMS, SHANA  
Address: 2617 HUBBARD STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: D ( ) Delete  
Name: GARTRELL, RIKKA  
Address: 16360 SPRING HOLLOW COURT  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete  
Name: SNEED, OPAL  
Address: 4224 SPRINGFIELD BLVD  
City-St-Zip: JACKSONVILLE, FL 32206

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HERBERT MOORE

P

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date