

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012599

FILED  
Apr 25, 2012  
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:**

11127 LEM TURNER ROAD  
JACKSONVILLE, FL 32218

**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 (X)

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

MOORE, HERBERT C  
8959 SPRING HARVEST LANE WEST  
JACKSONVILLE, FL 32244 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  
Name: MOORE, HERBERT  
Address: 8959 SPRING HARVEST LANE WEST  
City-St-Zip: JACKSONVILLE, FL 32244

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

Title: D  
Name: WILLIAMS, SHANA  
Address: 12450 BISCAYNE BLVD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D  
Name: SAMUELS, VINCENT G  
Address: 1530 REFLECTIONS STREET  
City-St-Zip: CLERMONT, FL 34711

Title: D  
Name: WASHINGTON, MONIQUE  
Address: 1610 ELIZABETH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

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: BETTY MOORE

VP

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date