## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#712469** 

FILED Apr 05, 2005 Secretary of State

Entity Name: TRUE TEMPLE OF GOD, INC.

Current Principal Place of Business: New Principal Place of Business:

1201 TILDEN AVE APOPKA, FL 32703

Current Mailing Address: New Mailing Address:

P.O. BOX 2134 APOPKA, FL 32704

FEI Number: 59-2958033 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GIBBS, ALICE J GIBBS, ALICE J

1419 E FIRST AVENUE 1010 BRISTOL LAKES RD.

MOUNT DORA, FL 32757 US APT. 205
MOUNT DORA, FL 32757 US

MOUNT DORA, FL 32/3/ 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: 04/05/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: GIBBS, ALICE J.

Address: 1419 E FIRST AVENUE Address: 1010 BRISTOL LAKES RD. APT. 205

City-St-Zip: MOUNT DORA, FL 32757

City-St-Zip: MOUNT DORA, FL 32757

Title: SD () Delete Title: () Change () Addition

Name: VALERIO, JOANNE, Name:
Address: 38125 CRYSTALI N Address:

Address: 38125 CRYSTAL LN Address: City-St-Zip: UMATILLA, FL 32784 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 EVANS, KAREN A.
 Name:

 Address:
 2114 KILMER LANE
 Address:

 City-St-Zip:
 APOPKA, FL
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 JOHNSON, KRYSTAL S.
 Name:

 Address:
 1910 N COUNTRY RD 19A
 Address:

 City-St-Zip:
 EUSTIS, FL 32726
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 EVANS, WAYNE L
 Name:

 Address:
 4911 EASTWAY DR
 Address:

 City-St-Zip:
 APOPKA, FL 32712
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALICE J. GIBBS PD 04/05/2005