2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#712469

FILED Apr 11, 2007 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
2815 KURT STREET
APT. B
EUSTIS, FL 32726 US

GIBBS, ALICE J
2214 CYPRESS COVE DR.
TAVARES, FL 32778 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: 04/11/2007

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, Name: GIBBS, ALICE J,

Address: 2815 KURT STREET APT. B Address: 2214 CYPRESS COVE DR.

City-St-Zip: EUSTIS, FL 32726 City-St-Zip: TAVARES, FL 32778

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

 Name:
 VALERIO, JOANNE,
 Name:

 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 COUNTY 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 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: ALICE J. GIBBS PD 04/11/2007