

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712469

FILED
Apr 24, 2009
Secretary of State

Entity Name: TRUE TEMPLE OF GOD, INC.

Current Principal Place of Business:

1201 TILDEN AVE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2134
APOPKA, FL 32704

New Mailing Address:

FEI Number: 59-2958033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBBS, ALICE J
345 VERANDA WAY
APT 323
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

GIBBS, ALICE J
42141 W. LAKEVIEW DR.
ALTOONA, FL 32702 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:

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIBBS, ALICE J
Address: 345 VERANDA WAY APT. 323
City-St-Zip: MOUNT DORA, FL 32757

Title: SD () Delete
Name: VALERIO, JOANNE
Address: 38125 CRYSTAL LN
City-St-Zip: UMATILLA, FL 32784

Title: D (X) Delete
Name: EVANS, KAREN A
Address: 2114 KILMER LANE
City-St-Zip: APOPKA, FL

Title: D () Delete
Name: JOHNSON, KRYSTAL S
Address: 1910 N COUNTY RD 19A
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: GUNTER, TIMOTHY T
Address: 811 ORANGE STREET
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: HARROD, RUBY A
Address: 1332 APOPKA BLVD.
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GIBBS, ALICE J
Address: 42141 W. LAKEVIEW DR.
City-St-Zip: ALTOONA, FL 32702

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

Title: () Change () Addition
Name:
Address:
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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: ALICE J. GIBBS

P/D

04/24/2009

Electronic Signature of Signing Officer or Director

Date