2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# 712620

Entity Name: COMMUNITY HOLY TEMPLE, INC.

Current Principal Place of Business:

COMMUNITY HOLY TEMPLE INC
271 W 13TH STREET
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

COMMUNITY HOLY TEMPLE INC
271 W 13TH STREET
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-2634686 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WAGNER, EARLENE
271 W 13TH STREET
APOPKA, FL 32703 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: PD ( ) Delete
Name: WAGNER, EARLINE,
Address: 271 W 13TH STREET
City-St-Zip: APOPKA, FL 32703

Title: AP ( ) Delete
Name: BOLDEN, HENRY
Address: 1946 CLARCONA RD
City-St-Zip: APOPKA, FL 32703

Title: T ( ) Delete
Name: WAGNER, KAREN
Address: 7741 GLYNDE HILL DR
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete
Name: SNIPES, FRANCIS,
Address: 21 E CELESTE STREET
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: JACKSON, SALLY
Address: PO BOX 257
City-St-Zip: PLYMOUTH, FL 32768

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: KAREN WORRELL MS 05/01/2007
Electronic Signature of Signing Officer or Director — Date