

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712620

FILED  
Apr 30, 2009  
Secretary of State

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 ( )

## 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, EARLENE  
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: PD (X) Change ( ) Addition  
Name: WAGNER, EARLENE  
Address: 271 W 13TH STREET  
City-St-Zip: APOPKA, FL 32703

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

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

Title: D (X) Change ( ) Addition  
Name: DAISY ALLEN  
Address: 271 W. 13 ST  
City-St-Zip: APOPKA, FL 32703

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: EARLENE WAGNER

PD

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date