

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724803

FILED  
Apr 24, 2006  
Secretary of State

**Entity Name:** KING'S TEMPLE & REVIVAL CENTER, INC.

**Current Principal Place of Business:**

2256 ALABABA AVE  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

2256 ALABABA AVE  
OPA LOCKA, FL 33054

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

KING, MARY  
15755 NW 19TH AVE  
OPA-LOCKA, FL 33054 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: MINGO, TIMOTHY  
Address: 1775 76 TR  
City-St-Zip: MIAMI, FL 33178

Title: VD ( ) Delete  
Name: KING, MARY  
Address: 15755 NW 19 AVE  
City-St-Zip: OPA LOCKA, FL 33054

Title: S ( ) Delete  
Name: GILBERT, GUSSIE  
Address: 20000 NW 39TH COURT  
City-St-Zip: CAROL CITY, FL

Title: T ( ) Delete  
Name: LEWIS, TWANDA  
Address: 5960 S.W. 40TH AVE., C-5  
City-St-Zip: FORT LAUDERDALE, FL 33314

**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:

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: GUSSIE GILBERT

S

04/24/2006

Electronic Signature of Signing Officer or Director

Date