

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724803

FILED
May 27, 2008
Secretary of State

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

Current Principal Place of Business:

2256 ALABAMA AVE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

2256 ALABAMA AVE
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
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:

KING, MARY
15755 NW 19TH AVE
OPA-LOCKA, FL 33054 US

Name and Address of New Registered Agent:

GILBERT, GUSSIE
2254 ALIBABA AVENUE
OPA-LOCKA, FL 33054 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: GUSSIE GILBERT

05/27/2008

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: LOWE, CLYDE
Address: 2254 ALIBABA AVE.
City-St-Zip: OPA LOCKA, FL 33054

Title: SECR (X) Change () Addition
Name: GILBERT, GUSSIE
Address: 20000 NW 39TH COURT
City-St-Zip: CAROL CITY, FL

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

Title: FIN. () Change (X) Addition
Name: CULMER, SHARON
Address: 2254 ALI BABA AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: CHAP () Change (X) Addition
Name: BLACK, ROSA
Address: 2254 ALIBABA AVENUE
City-St-Zip: OPA LOCKA, FL

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: GUSSIE GILBERT

SEC

05/27/2008

Electronic Signature of Signing Officer or Director

Date