2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 16, 2008
Secretary of State

DOCUMENT# 724803

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:

3391 N.W 8TH STREET
FORT LAUDERDALE, FL 33311

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LOWE, LINDA F
3391 N.W. 8TH STREET
FORT LAUDERDALE, FL 33311 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: LINDA F LOWE 12/16/2008
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: LOWE, CLYDE
Address: 2254 ALIBABA AVE.
City-St-Zip: OPA LOCKA, FL 33054

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LOWE, CLYDE T
Address: 3391 N.W. 8TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VD (X) Change ( ) Addition
Name: LOWE, LINDA F
Address: 3391 N.W. 8TH STREET
City-St-Zip: FORT LAUDERDAL, FL 33311

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

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: LINDA F LOWE VD 12/16/2008
Electronic Signature of Signing Officer or Director Date