
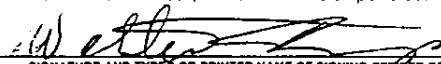


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90244 045 ****70.00

DOCUMENT # 733489 1. Entity Name HOLY TEMPLE OF GOD, INCORPORATED					
Principal Place of Business % LANDMARK HOLY TEMPLE OF GOD 1220 N.E. 23RD AVENUE GAINESVILLE, FL 32609 US				Mailing Address P. O. BOX 975 GAINESVILLE, FL 32602	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2786486				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, WANDA J 1246 NE 16TH PLACE GAINESVILLE, FL 32609				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPS, WALTER SR. 3015 NE 13TH DRIVE GAINESVILLE, FL 32609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS Alfred Camps 3015 NE 13 Drive Gainesville, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUTCHINSON, HARVEY JR. 3869 SE 9 LANE MELROSE, FL 32666	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walter Camps Jr. 1349 SE 1st Terrace Gainesville, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRYANT, MAMIE 113 BIG APPLE ROAD EAST PALATKA, FL 32131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Terrilyn, Janet Camps Boone 1349 SE 1st Terrace Gainesville, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS CAMPS, WILMA R 3015 NE 13TH DRIVE GAINESVILLE, FL 32609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Willie Harris 3226 NW 62 Avenue Gainesville, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS JACKSON, ALONZO P. O. BOX 1221 SAN MATEO, FL 32187	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS MCCULLOUGH, CARL 687 ST.ANDREWS CIRCLE RANTOUL, IL 61866	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4-18-05 Daytime Phone # (352)372-0823					