2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734423

Entity Name: APOSTOLIC TEMPLE, INC.

FILED Jan 06, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3503 JOSEPHINE STREET SEBRING, FL 338711318 US

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 680727 1150 NW 11 ST RD MIAMI, FL 33168 MIAMI, FL 33136

FEI Number: 59-2037674 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DEAN, REV JOSEPH ANTHONY
12145 NW 27 AVE
MIAMI, FL 33167 US

DEAN, REV JOSEPH ANTHONY
1150 NW 11 ST. RD.
MIAMI, FL 33136 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: 01/06/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PS
 () Delete
 Title:
 PS
 (X) Change () Addition

 Name:
 DEAN, J. ANTHONY,
 Name:
 DEAN, J. ANTHONY,

 Address:
 3503 JOSEPHINE ST
 Address:
 1150 NW 11 ST. RD

 Address:
 3503 JOSEPHINE ST
 Address:
 1150 NW 11 ST. RD

 City-St-Zip:
 SEBRING, FL 33870
 City-St-Zip:
 MIAMI, FL 33136

Title: VPD () Delete Title: VPD (X) Change () Addition Name: DENNIS, LUCY REBECCA Name: DEAN, DANIEL

Address: 3503 JOSEPHINE STREET Address: 919 E EMMA ST City-St-Zip: SEBRING, FL 33870 City-St-Zip: TAMPA, FL 33603

Title: D () Delete Title: () Change () Addition

 Name:
 HART, YNOANIE
 Name:

 Address:
 1616 CRESCENT DR
 Address:

 City-St-Zip:
 SEBRING, FL 33870
 City-St-Zip:

Title: DT () Delete Title: () Change () Addition

 Name:
 WASHINGTON, PATROLIA
 Name:

 Address:
 17223 NW 49TH PLACE
 Address:

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH ANTHONY DEAN PS 01/06/2005