

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734423

FILED
Feb 28, 2009
Secretary of State

Entity Name: APOSTOLIC TEMPLE, INC.

Current Principal Place of Business:

215 E PALM AVE, APT 411
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

215 E PALM AVE, APT 411
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 59-2037674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN, REV JOSEPH ANTHONY
1520 JEFFORDS ST
207
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

DEAN, REV JOSEPH ANTHONY
215 E PALM AVE
411
TAMPA, FL 33602 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:

02/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: DEAN, J. ANTHONY,
Address: 1520 JEFFORDS ST
City-St-Zip: CLEARWATER, FL 33756

Title: DT () Delete
Name: DEAN, SUZETTE
Address: 919 E EMMA ST
City-St-Zip: TAMPA, FL 33603

Title: VPD () Delete
Name: DEAN, PAUL
Address: 3475 NW 180 STREET
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: DEAN, WENDY
Address: 730 WATER BROOK LN
City-St-Zip: GREER, SC 29651

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: DEAN, J. ANTHONY,
Address: 215 E PALM AVE APT 411
City-St-Zip: TAMPA, FL 33602

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: JOSEPH DEAN

PS

02/28/2009

Electronic Signature of Signing Officer or Director

Date