

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741933

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: TEMPLE OF THE GREAT MOTHER, INC.

**Current Principal Place of Business:**

2854 COASTAL HWY  
ST. AUGUSTINE, FL 320952308

**New Principal Place of Business:**

**Current Mailing Address:**

101 ATLANTA AVE  
CLOUDLAND, GA 30731 US

**New Mailing Address:**

P.O. BOX 32  
MENLO, GA 30731 US

FEI Number: 59-1824171      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

PRESTON, MARY L  
411 WOODBLUFF TERR  
SAINT AUGUSTINE, FL 32086 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: MACVICAR, MORGANA  
Address: 1289 CR 72#110  
City-St-Zip: MENTONE, AL 35984

Title: T/D ( ) Delete  
Name: LIEU, BARBARA H  
Address: 101 ATLANTA AVE  
City-St-Zip: CLOUDLAND, GA 30731

Title: S/D ( ) Delete  
Name: SCHMIDT, FAYANN  
Address: 1289 CR 72 #110  
City-St-Zip: MENTONE, AL 35984

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T/D (X) Change ( ) Addition  
Name: LIEU, BARBARA H  
Address: P.O. BOX 32  
City-St-Zip: MENLO, GA 30731

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: BARBARA H. LIEU

T/D

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date