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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745012 (5)

1. Corporation Name
TEMPLE OF APOSTLES, INC.

Principal Place of Business	Mailing Address
3505 CENTRAL AVE. TAMPA FL 33603	3505 CENTRAL AVE. TAMPA FL 33603

3. Date Incorporated or Qualified: 11/21/1978

4. FEI Number: 59-2781337 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MORELAND, GERTRUDE 4212 LASALLE STREET TAMPA FL 33607	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MORELAND, GERTRUDE		1.2 NAME		
STREET ADDRESS	4212 LASALLE ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MORELAND, ROY		2.2 NAME		
STREET ADDRESS	4212 LASALLE ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	WILLIAMS, BARBARA		3.2 NAME	JOHN W FIELD	
STREET ADDRESS	4314 W. MAIN ST.		3.3 STREET ADDRESS	1012 E LAKE AVE	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA FL 33605	
TITLE	SD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	HENDERSON, PERCOLIA		4.2 NAME	VaRoNA William	
STREET ADDRESS	2008 HIGHLAND AVE		4.3 STREET ADDRESS	2005 E 23 AVE	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	TAMPA FL. 33605	
TITLE	T	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	BOLE, JOHNELL		5.2 NAME	Geraldine Field	
STREET ADDRESS	2313 23RD AVE		5.3 STREET ADDRESS	1012 E LAKE AVE	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	TAMPA FL. 33605	
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, LUCILLE		6.2 NAME		
STREET ADDRESS	4211 LASALLE STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gertrude Moreland 4-7-98 813-875-4820

CR2E037 (10/97)

NEW OFFICES

2D - VAROLA William
2005 E 33th Ave
Tampa Fl. 33605

T - JOHN M. FIELD
1012 E LAKE AVE
TAMPA FL. 33605

T - GERALDINE FIELD
1013 E LAKE AVE
TAMPA FL. 33605