2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED May 04, 2004 8:00 am Secretary of State

05-04-2004 90121 039 ****61.25

DOCUMENT # 745012 TEMPLE OF APOSTLES, INC. 14019362 Principal Place of Business Mailing Address 3505 CENTRAL AVE. 3505 CENTRAL AVE. TAMPA, FL 33603 TAMPA, FL 33603 Principal Place of Business
904 Eas+ W Mailing Address PO BOX Suite Apt. #, etc. Suite, Apt. #, etc. 04262004 Chg-NP CR2E037 (10/03) City & State 4. FEI Number 59-2781337 Applied For City & State 10m00 amao Not Applicable --- Country === Constry == \$8.75 Additional 5. Certificate of Status Desired 33672-07 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Koss MAUMONd MORELAND, GERTRUDE Street Address (P.O. Box Number is Not Acceptable) **4212 LASALLE STREET** TAMPA, FL 33607 FriEr son Av 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete tesident TITLE TITLE MORELAND, GERTRUDE NAME NAME Moreland 3207 ZANCHEZ STREET S. Dakatou Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33605 CITY-ST-ZIP DΦ TITLE Delete TITLE Audition dineil C. Bolds , MORELAND, ROY NAME NAME 3207 ZANCHEZ STREET STREET ADDRESS STREET ADDRESS TAMPA, FL 33605 CITY-ST-7IP CITY-ST-ZIF Tampa, FL 33605 Seacon Ross Delete Change.___ Addition TITLE FIELD, JOHN W. NAVii MAME 01 BOX 178771 STREET ADDRESS 1012 E LAKE AVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33665 CITY-ST-ZIP iampa, Fl Secretary Delete TITLE TITLE ☐ Audition WILLIAM, VEROLA NAME NAME STREET ADDRESS 2005 E 23RD AVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33605 CITY+ST-7IP Deacón Change Delete TITLE TITLE ☐ Addition Franisca Gamer NAME FIELD, GERALDINE NAME STREET ADDRESS 1012 E LAKE AVE STREET ADDRESS àl Daka CITY-ST-7P TAMPA, FL 33605 CITY-ST-ZIP Delete ☐ Change TITLE TITLE □ Addition JOHNSON, LUCILLE NAME NAME STREET ADDRESS **4211 LASALLE STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL-

12. Thereby certify that the information supplied with this filling 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 empo

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-247-46 20

Daytime Phone #