

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90027 003 ****70.00

DOCUMENT # 745012

1. Entity Name
TEMPLE OF APOSTLES, INC.



40116440

Principal Place of Business
3308 18TH ST
TAMPA, FL 33605

Mailing Address
P. O. BOX 172214
TAMPA, FL 33672-0214



2. Principal Place of Business - No P.O. Box #
~~P.O. Box 172214~~
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04202007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2781337

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORELAND, ROY L
121 S. DAKOTA AVE.
TAMPA, FL 33606

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MORELAND, ROY
STREET ADDRESS 121 S. DAKOTA AVE
CITY-ST-ZIP TAMPA, FL 33606

TITLE AP ☐ Delete
NAME BOLD, JOHNNEL C
STREET ADDRESS 2001 26TH AVE APT. A
CITY-ST-ZIP TAMPA, FL 33605

TITLE S ☐ Delete
NAME BEST, KING
STREET ADDRESS P.O. BOX 4346
CITY-ST-ZIP TAMPA, FL 33677

TITLE T ☐ Delete
NAME WASHINGTON, CLAUDIE
STREET ADDRESS 121 SOUTH DAKOTA AVENUE
CITY-ST-ZIP TAMPA, FL 33606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

SIGNATURE: E. J. Bold 5/15/07 813)2481285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #