


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.



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

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

40116440



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

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

04202007 Chg-NP CR2E037 (12/06)

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

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

**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 | <input type="checkbox"/> Delete |
| NAME | MORELAND, ROY | |
| STREET ADDRESS | 121 S. DAKOTA AVE | |
| CITY-ST-ZIP | TAMPA, FL 33606 | |
| TITLE | AP | <input type="checkbox"/> Delete |
| NAME | BOLDS, JOHNNEL C | |
| STREET ADDRESS | 2001 26TH AVE APT. A | |
| CITY-ST-ZIP | TAMPA, FL 33605 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BEST, KING | |
| STREET ADDRESS | PO.BOX 4346 | |
| CITY-ST-ZIP | TAMPA, FL 33677 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | WASHINGTON, CLAUDIE | |
| STREET ADDRESS | 121 SOUTH DAKOTA AVENUE | |
| CITY-ST-ZIP | TAMPA, FL 33606 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Johnnell C. Bold 5/15/07 813)2481285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #