2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2009
Secretary of State

DOCUMENT# 749888

Entity Name: TEMPLE OF PRAYER ASSEMBLY OF GOD, INC. OF JACKSONVILLE, FLORIDA

Current Principal Place of Business:

1385 DELMAR STREET
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

1385 DELMAR STREET
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-2878916 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CUEVAS, GABRIEL G
8436 WAGENHALS RD.
JACKSONVILLE, FL 32210 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: PD ( ) Delete
Name: CUEVAS, GABRIEL
Address: 1385 DELMAR ST.
City-St-Zip: JACKSONVILLE, FL 32205

Title: DVP ( ) Delete
Name: RAFAEL, CUEVAS
Address: 1385 DELMAR ST.
City-St-Zip: JACKSONVILLE, FL 32205

Title: T ( ) Delete
Name: ALVAREZ, RAMON
Address: 1385 DELMAR ST.
City-St-Zip: JACKSONVILLE, FL 32205

Title: V ( ) Delete
Name: ALVAREZ, MARIA
Address: 1385 DELMAR ST.
City-St-Zip: JACKSONVILLE, FL 32205

Title: S ( ) Delete
Name: MEDINA, MIGDALIA
Address: 1385 DELMAR ST.
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: S (X) Change ( ) Addition
Name: MEDINA, ORTENCIA
Address: 1385 DELMAR ST.
City-St-Zip: JACKSONVILLE, FL 32205

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: GABRIEL CUEVAS PD 08/24/2009
Electronic Signature of Signing Officer or Director — Date