2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008
Secretary of State

DOCUMENT# N00000005182

Entity Name: FREEDOM TEMPLE OF MIAMI, INC.

Current Principal Place of Business:

8741 N. W. 22 AVENUE
MIAMI, FL 33147

New Principal Place of Business:

2519 NW 95 STREET
MIAMI, FL 33147

Current Mailing Address:

1780 N.W. 194TH STREET
MIAMI, FL 33056

New Mailing Address:

FEI Number: 65-0997190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TELASCO, ANNE G ESQ.
7320 BISCAYNE BLVD.
MIAMI, FL 33138 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: D ( ) Delete
Name: MACKENS, WASHINGTON
Address: 17842 S.W. 107TH AVE., #1
City-St-Zip: MIAMI, FL 33167

Title: D ( ) Delete
Name: GERALD, EDDIE
Address: 3150 MUNDY STREET
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete
Name: COX, BERNICE
Address: 3030 N.W. 162ND STREET
City-St-Zip: MIAMI, FL 33054

Title: P ( ) Delete
Name: SYMONETTE, RICARDO REV.
Address: 1780 N.W. 194TH STREET
City-St-Zip: MIAMI, FL 33056

Title: D ( ) Delete
Name: SYMONETTE, OLGA F
Address: 1780 N.W. 194 STREET
City-St-Zip: MIAMI, FL 33056

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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

Title: D ( ) Change (X) Addition
Name: WELLS, SANDRA
Address: 801 GEORGE ALLEN AVENUE
City-St-Zip: MIAMI, FL 33133

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: REV RICARDO SYMONETTE P 02/06/2008

Electronic Signature of Signing Officer or Director — Date