

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005182

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: FREEDOM TEMPLE OF MIAMI, INC.

**Current Principal Place of Business:**

2519 NW 95 STREET  
MIAMI, FL 33147

**New Principal Place of Business:**

**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: D ( ) Delete  
Name: WELLS, SANDRA  
Address: 801 GEORGE ALLEN AVENUE  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: JONES, JUSTIN  
Address: 12245 NW 8 AVE  
City-St-Zip: MIAMI, FL 33168

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:

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

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date