2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2009
Secretary of State

DOCUMENT# N00842

Entity Name: THE TRUE TEMPLE CHURCH OF GOD OF APOSTOLIC FAITH, INC.

Current Principal Place of Business:

217 NORTH 11TH STREET
PALATKA, FL 32177 US

New Principal Place of Business:

304 EAST PALMETTO STREET
PALATKA, FL 32177 US

Current Mailing Address:

P.O. BOX 576
PALKATKA, FL 321780576 US

New Mailing Address:

FEI Number: 59-2893986 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

WRIGHT, WILLIE C
304 EAST PALMETTO STREET
PALATKA, FL 32177 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: WRIGHT, WILLIE C
Address: 304 EAST PALMETTO STREET
City-St-Zip: PALATKA, FL 32177

Title: VSD ( ) Delete
Name: WRIGHT, MARY ALICE
Address: 304 EAST PALMETTO STREET
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete
Name: CLAYTON, JIMMY
Address: 108 MEMORIAL PARKWAY
City-St-Zip: PALATKA, FL 32177

Title: TS ( ) Delete
Name: WRIGHT, KAREN D
Address: 715 OLIVE STREET
City-St-Zip: PALATKA, FL 32177

Title: SMT ( ) Delete
Name: WRIGHT, MATTHEW
Address: 715 OLIVE STREET
City-St-Zip: PALATKA, FL 32177

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:

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: WILLIE C. WRIGHT PD 06/18/2009

Electronic Signature of Signing Officer or Director — Date