

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007547

FILED
Mar 17, 2008
Secretary of State

Entity Name: THE TEMPLE OF THE SHEKINAH GLORY, INC.

Current Principal Place of Business:

2516 COLUMBUS WAY SOUTH
ST PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

2516 COLUMBUS WAY SOUTH
ST PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 03-0473101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMISON, LIZA M
2516 COLUMBUS WAY SOUTH
ST PETERSBURG, FL 33712 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: JAMISON, LIZA
Address: 2516 COLUMBUS WAY SOUTH
City-St-Zip: ST PETERSBURG, FL 33712

Title: D () Delete
Name: JAMISON, KENNETH
Address: 2516 COLUMBUS WAY SOUTH
City-St-Zip: ST PETERSBURG, FL 33712

Title: D () Delete
Name: ANDERSON, BESSIE
Address: 1650 62 AVE SO
City-St-Zip: ST PETERSBURG, FL 33712

Title: D () Delete
Name: SCOTT, FAYETTE
Address: 7450 35TH ST NO
City-St-Zip: PINELLAS PARK, FL 33718

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:

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: LIZA M. JAMISON

RA

03/17/2008

Electronic Signature of Signing Officer or Director

Date