2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL RI	EPURI (AK)			9/9/2004-90	002-004-\$61.2	25-\$61.25		
DOCUMENT # N03000003837 1. Entity Name					F	ED			
THE APOSTOLIC TEMPLE IN CHRIST JESUS #2, INC.					04 OCT -6				
Principal Place of Business Mailing Address					errafiaR'	Y OF STATE	:		
2994 NW 46 STREET 2994 NW 46 STREET MIAMI FL 33142 MIAMI FL 33142					SECRETAR ALLAHASS	a E. FLORIO)A		
D. Cristian Discout Province									
2. Principal Place of Business The Donatal of Leaple inthe Journ 2994 NO 46 5+									
Suite, Apt.		Suite, Apt. #. etc.				MOORE	CR2E037 (4/04)	04	
City & State SAMS		City & State			4. FEi Number	13522	1 /	plied For t Applicable	
Zip []	Country	Zip	Count	try	5. Certificate of	Status Desired	□ \$8.75 Add	litional	
	B. Name and Address of Current Registered Agent			····			Fee Require	d	
					7. Name and Address of New Registered Agent Name				
PIGATT, FREDDIE A			-	Street Address (P.O. Box Number is Not Acceptable)					
2994:NW:46:STREET									
			F	City			Zip Cod		
# The above	named entity cultimits this statement for	the oursess of changing its re	oictored	t office or register	drod to topoe be	in the State of Elor	FL Zip Coo	200 200001	
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE FOR SURE A PROTODO 8-19-034									
Signature, typed or printed name of projectored agent and title if applicable. (NOTE: Registered Agent signature registered when reinstating) DATE									
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Added to Fees Florida Department of State									
10.	OFFICERS AND DIR	ECTORS	11.	,	ADDITIONS/CHAN	GES TO OFFICER	S AND DIRECTORS IN	10	
TITLE	PD PIGATT, FREDDIE A	Delete	TITLE				Change	Addition	
NAME Street Address	2994 NW 46 STREET		NAME STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33142		CITY-S	iT-ZIP					
TITLE	VD WILSON, SAMUEL	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	2994 NW 46 STREET		name Street	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33142	· ·	CITY-5	i - ZP					
TITLE NAME	STD DEMERITTE, VEALTHIA	Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS	1650 NE 135 STREET APT. 1910			ADDRESS					
- CITY-ST-7IP-	MIAMI-FL 83181		-CITY-S	J-29-					
TITLE - NAME		Delete	TITLE NAME				Change	Addition	
STREET ADDRESS			-	AODRESS					
CITY-ST-ZIP			CITY-S	1-ZP					
TITLE NAME		Delete	TITLE				Change	Addition	
STREET ADDRESS			1	ADDRESS				ľ	
CITY-ST-ZIP			CITY-S	IT-ZIP				C	
TITLE NAME		☐ Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS	·		STREET	ADDRESS					
CITY-ST-ZIP	Land Market Lands Company	Maia (FErra Maria - 194 - 2 m)	CITY-S	t	nine tra asiate	Davida Otat tar	A continuo accessi cate ex etc		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or diffector 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: Kedd-E A. Poot SR 8-19-04 786285-3187									
SIGNATURE: SIGNATURE AND TYPED ON PRINTED HAME OF SKINNG OFFICER OF DIRECTOR Date Daylors Phone 9									