

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90046 002 ****70.00

DOCUMENT # N03000007988 1. Entity Name GOD'S HOLY TEMPLE OF TRUE BELIEVERS, INC.			
Principal Place of Business 10420 SW 163RD STREET MIAMI, FL 33157		Mailing Address 10420 SW 163RD STREET MIAMI, FL 33157	
Principal Place of Business <i>God Holy Temple of True Believers</i> <i>10420 S.W. 163rd St.</i> <i>MIAMI, FLORIDA</i> <i>33157</i>		Mailing Address <i>God Holy Temple of True B.</i> <i>10420 S.W. 163rd St.</i> <i>MIAMI, FLORIDA</i> <i>33157</i>	
2. FEI Number 02-0707154		3. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
4. Name and Address of Current Registered Agent MARTIN, RUNNELL 10420 SW 163RD STREET MIAMI, FL 33157		5. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CAREY, DELORES PASTOR 16554 SW 103RD COURT MIAMI, FL 33157	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCKNIGHT, CHARLES 16783 NW 18TH AVENUE MIAMI, FL 33055	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAW-PADGETT, MARY 20530 SW 119TH COURT MIAMI, FL 33157	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARTIN, RUNNELL PASTOR <i>sr.</i> 10420 SW 163RD STREET MIAMI, FL 33157	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JOHNSON, ELLA 16554 SW 103RD COURT MIAMI, FL 33157	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Runnell M. Martin</i>		Date <i>02-10-04</i> Daytime Phone # <i>(305) 978-6730</i>	