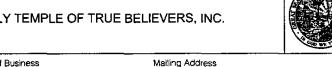
2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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

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

DOCUMENT # N03000007988

1. Entity Name



GOD'S HOLT TEMPLE OF TRUE BELIEVERS, INC.								
10420 SW 163RD STREET 104		Mailing Address 10420 SW 163RD STRE MIAMI, FL 33157	420 SW 163RD STREET				~40416	บุษ
God Holy Temple of True Bolian and Holy Temple, of True B.								
10 10 8.00, 163 87, 18420 0.10.10				63 RST.	02112004	Chg-NP	CR2E037 (10/03	
Jan & Stat	Ami, Florda	Thami	F	ORPJA	4. FEI Number	107154	- 1	Applied For Not Applicable
331	57 Country Dade	33157	7	Ade	5. Certificate of	Status Desired	\$8.75 A	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								
MARTIN, I		(P.O. Box Number	is Not Appartable	<i>t</i>				
10420 SW 163RD STREET MIAMI, FL 33157				Street Address	S (P.O. GOX NOTINGER	is Not Acceptable	<u>" -</u>	
,								
· ·				City			FL Zip C	
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.								
and the state of t								
SIGNATURE								
Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to								to
Due by May 1, 2004 Trust Fund Contributio				on. 🛘	Added to Fees	Florie	da Department of	State
TITLE	OFFICERS AND DIRECT	CTORS Delete	11.		ADDITIONS/CHAN	IGES TO OFFICER	S AND DIRECTORS Change	
NAME	CAREY DELORES PASTOR	CT Delete	NAME				C Change	5 LJ 700/11011
STREET ADDRESS	16554 SW 103RD COURT MIAMI, FL 33157			et address ST-ZIP				
TITLE	D	Delete	TITLE				Change	e
NAME	MCKNIGHT, CHARLES		NAME	i i				_
STREET ADDRESS CITY-ST-ZIP	16783 NW 18TH AVENUE MIAMI, FL 33055			T ADDRESS ST- ZIP				
TITLE	D	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	LAW-PADGETT, MARY		NAME	,				
STREET ADDRESS CITY-ST-ZIP	20530 SW 119TH COURT MIAMI, FL 33157			T ADDRESS ST-ZIP				
TITLE	P	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	MARTIN, RUNNELL PASTOR SR 10420 SW 163RD STREET	- •	NAME	T ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33157			ST- ZIP				
TITLE	S	☐ Delete	TITLE			-	☐ Change	Addition
NAME STREET ADDRESS	JOHNSON, ELLA 16554 SW 103RD COURT		NAME STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33157		•	ST- ZIP				
TITLE		☐ Delete	TITLE				☐ Change	: Addition
NAME Street address			name Stree	T ADDRESS				
CITY-ST-ZIP				ST- ZIP				
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 outh; 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: _

SIGNATURE AND TYPED OR PRINTED NAMED F. SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #