2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007
Secretary of State

DOCUMENT# N03000009952

Entity Name: EXODUS TEMPLE UNITED PENTECOSTAL HOLINESS CHURCH, INC.

Current Principal Place of Business:

615 N W STREET
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

615 N W STREET
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 05-0590946 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

RAVIN, ROBINSON
615 N
PENSACOLA, FL 32505 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: PT ( ) Delete
Name: POWELL, RAY A
Address: 2915 W GASDEN ST
City-St-Zip: PENSACOLA, FL 32505

Title: VT ( ) Delete
Name: POWELL, DONNA F
Address: 2915 W GASDEN ST
City-St-Zip: PENSACOLA, FL 32505

Title: TT ( ) Delete
Name: SIMMONS, ERNEST
Address: 1517 BAKALANE AVE
City-St-Zip: PENSACOLA, FL 32504

Title: ST ( ) Delete
Name: ROBINSON, RAVIN
Address: 6147 FOREST PINES
City-St-Zip: PENSACOLA, FL 32526

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: RAY A POWELL PT 08/31/2007

Electronic Signature of Signing Officer or Director — Date