

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000829

FILED
Jan 27, 2009
Secretary of State

Entity Name: TRUE HOLY ANNOINTED TEMPLE, INC.

Current Principal Place of Business:

780 W. CANTON AVE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

PO BOX 180962
CASSELBERRY, FL 32718

New Mailing Address:

FEI Number: 73-1677033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FREEZE, GOSSIE S SR.
108 LISA LOOP
WINTER SPRINGS, FL 32708 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: P () Delete
Name: FREEZE, GOSSIE S SR.
Address: 108 LISA LOOP
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V () Delete
Name: FREEZE, MILDRED
Address: 108 LISA LOOP
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S () Delete
Name: JONES, JOSEPH
Address: 1213 OAK STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T () Delete
Name: LOWMAN, ESPERANZA M
Address: 1435 GLENMORE DRIVE
City-St-Zip: APOPKA, FL 32712

Title: T () Delete
Name: LOWMAN, JIMMIE L JR.
Address: 1435 GLENMORE DRIVE
City-St-Zip: APOPKA, FL 32712

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:

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: ESPERANZA FREEZE

T

01/27/2009

Electronic Signature of Signing Officer or Director

_____ Date