2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N04000005583

1. Enlity Name GOD'S HOLY TEMPLE CHRISTIAN WORSHIP CENTER,



05-02-2005 90539 023 ****70.00

FILED

May 02, 2005 8:00 am Secretary of State

| Principal Place of Business 3602 POLK STREET, SUITE #4 HOLLYWOOD, FL 33021 | | | Mailing Address POST OFFICE BOX 100781 FT. LAUDERDALE, FL 33310 | | | | 50046478 | | | | |
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| | | | • | | | | | | | | |
| 2. Principal P | Place of Busin | ness | 3. Mailing Address | | | | | LLU KILI LLUS EAM LI | | | |
| Suite, Apt. #, etc. | | | Suite, Apt, #, etc. | | | | 03092005 Chg-NP CR2E037 (10/03) | | | | |
| City & State | | | City & State | | | | 4. FEI Numbe | 30-02 | 24539 | 73 | Applied For Not Applicable |
| Zip Country | | | Zip | | Country | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | |
| | 6. Name | and Address of Current I | Registered Age | nt | Name | | 7. Name and | Address of New | Registered | Agent | |
| SPIEGEL 1840 SOU MIAMI, FL | THWEST | A, P.A. 22 STREET, 4TH FL | OOR | | | Address (P. | s (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | City | | | | FI | Zip Co | de |
| | | y submits this statement for | the purpose of | changing its regi | istered office o | or registered | d agent, or both | h, in the State of F | | | n, and accept |
| the obligat | tions of regis | tered agent. | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agreture required when renetating) DATE | | | | | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | | 9. | 9. Election Campaign Financing Trust Fund Contribution. | | | 5.00 May Be | | | k payable | |
| | Due by E | lav 1. 2005 | 4 | Trust Fund Contr | ribution. | i | Added to Fees | Flo | rida Depa | ertment of 9 | State |
| 10, | Due by I | | ECTORS | | | A | Added to Fees | Flo | | | |
| 10. | PD | OFFICERS AND DIR | | | 11. | AC | Added to Fees ODITIONS/CHA | ANGES TO OFFICE | | | N 10 |
| TITLE NAME | PD REYNOLI | OFFICERS AND DIR | |] Dolote | 11. TITLE NAME | A | Added to Fees | ANGES TO OFFICE | ERS AND D | Change | N 10 |
| TITLE | PD REYNOLI 3602 POL | OFFICERS AND DIR | |] Delete | 11. | AC | Added to Fees | Flo | ERS AND D | Change | N 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | PD REYNOLI 3602 POL HOLLYW VPDS | OFFICERS AND DIR DS, WINSTON L LK STREET, SUITE #4 OOD, FL 33021 | |] Delete | TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE | AC | Added to Fees | ANGES TO OFFICE | ERS AND D | Change | N 10 Addition |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME | PD REYNOLI 3602 POL HOLLYW VPDS REYNOLI | OFFICERS AND DIR DS, WINSTON L LK STREET, SUITE #4 OOD, FL 33021 DS, SHIRLEY A | |] Delete | 11. ITILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME | AC | Added to Fees | Planges to official | ERS AND D | Change | N 10 Addition |
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| TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME | PD REYNOLI 3602 POL HOLLYW VPDS REYNOLI 3602 POL HOLLYW VPT MCKINSO 3602 POL HOLLYW VP POWELL | OFFICERS AND DR DS, WINSTON L LK STREET, SUITE #4 OOD, FL 33021 DS, SHIRLEY A LK STREET, SUITE #4 OOD, FL 33021 DN, LESLIE L LK STREET, SUITE #4 OOD, FL 33021 CARTER L | C |] Delete] Delete | TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME NAME NAME | Trea REY1360: | SHMI SULLER NOLDS, 2 Pak | MINSTON Street #4 | ERS AND C N ST DN L Holly | Change Change | N 10 Addition Addition Addition 33021 |
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12. I hereby certify that the information supplied with this filling does not quality 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: