


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

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| DOCUMENT # N04000007483 |  |
| 1. Entity Name TEMPLE OF RESTORATION MINISTRY OF THE FIRST BORN CHURCH OF THE LIVING GOD, INC. | |

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| Principal Place of Business 525 S.W. 6TH ST. BELLE GLADE, FL 33430 | Mailing Address P.O. BOX 2092 BELLE GLADE, FL 33430 |
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02172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 34-2008863 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent DERICO, CHARLIE C 2551 N.W. 5TH ST. POMPANO BEACH, FL 33069 |
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IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES DERICO, CHARLIE C 2551 N.W. 5TH ST. POMPANO BEACH, FL 33069 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR DERICO, PAMELA K 2551 N.W. 5TH ST. POMPANO BEACH, FL 33069 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR FIELDS, JAMES J 582 SE 6TH DRIVE BELLE GLADE, FL 33430 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR POTTS, NORMA J 3378 N.W. 23 ST LAUDERDALE LAKES, FL 33311 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR FLETCHER, DORIS 535 SW 11ST BELLE GLADE, FL 33430 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR WEBB, NATHANIEL 14000 SW AV H BELLE GLADE, FL 33430 |

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03/11/06 01052-012 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Charlie C Derico* *Derico Charlie C Derico 3/24/06 954448-863*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #