

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007483

FILED  
May 13, 2009  
Secretary of State

**Entity Name:** TEMPLE OF RESTORATION MINISTRY OF THE FIRST BORN CHURCH OF THE LIVING GOD, INC.

**Current Principal Place of Business:**

525 S.W. 6TH ST.  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2092  
BELLE GLADE, FL 33430

**New Mailing Address:**

**FEI Number:** 61-1584748      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

DERICO, CHARLIE C  
2551 N.W. 5TH ST.  
POMPANO BEACH, FL 33069      US

**Name and Address of New Registered Agent:**

TEMPLE OF RESTORATION MINISTRY FBC, INC.  
525 SW 6TH STREET  
BELLE GLADE, FL 33430      US

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: CHARLES C. DERICO

05/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES      ( ) Delete  
Name: DERICO, CHARLIE C  
Address: 1079 DEMENICI RD  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: DIR      ( ) Delete  
Name: DERICO, PAMELA K  
Address: 1079 DEMENICI RD  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: DIR      ( ) Delete  
Name: FIELDS, JAMES J  
Address: 582 SE 6TH DRIVE  
City-St-Zip: BELLE GLADE, FL 33430

Title: DIR      ( ) Delete  
Name: POTTS, NORMA J  
Address: 3378 N.W 23 ST  
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: DIR      ( ) Delete  
Name: FLETCHER, DORIS  
Address: 535 SW 11ST  
City-St-Zip: BELLE GLADE, FL 33430

Title: DIR      ( ) Delete  
Name: WEBB, NATHANIEL  
Address: 14000 SW AV H  
City-St-Zip: BELLE GLADE, FL 33430

**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:

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: CHARLES C. DERICO

PRES

05/13/2009

Electronic Signature of Signing Officer or Director

Date