2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008
Secretary of State

DOCUMENT# N04000008508

Entity Name: TEMPLE ELOHIM AND MINISTRIES, INC.

Current Principal Place of Business:

12325 N.E. 6 AVE
MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 530081
MIAMI, FL 33153 US

New Mailing Address:

FEI Number: 20-1690085 **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:

JEAN-BAPTISTE, MAURICE
265 N.W. 119ST.
MIAMI,, FL 33168 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: JEAN-BAPTISTE, MAURICE
Address: 265 N.W. 119 ST.
City-St-Zip: MIAMI, FL 33168 US

Title: VP ( ) Delete
Name: HEADMAN, MARK
Address: 2010 WRIGHTBORO RD
City-St-Zip: AUGUSTA, GA 30904 US

Title: SEC ( ) Delete
Name: TRINIDAD, AMERILIS
Address: 1680 NE 180 ST
City-St-Zip: MIAMI, FL 33162 US

Title: T ( ) Delete
Name: DUMERVIL, THONY
Address: 5624 SE 38 ST
City-St-Zip: WEST PARK, FL 33023

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: MAURICE JEAN-BAPTISTE P 05/20/2008
Electronic Signature of Signing Officer or Director — Date