

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04551

FILED
Jan 22, 2009
Secretary of State

Entity Name: FRESH START TEMPLE INCORPORATED

Current Principal Place of Business:

409 CHEROKEE ST
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3484
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 07-9872437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, JOHN A
10856 KEY HAVEN BLVD.
JACKSONVILLE, FL 32218 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: PD () Delete
Name: SMITH, PASTOR ELLENE, C.
Address: 853 FERNWAY ST.
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: WILLIAMS, BROTHER JO, HN A
Address: 10856 KEY HAVEN BLVD
City-St-Zip: JACKSONVILLE, FL 32218 3

Title: ASD () Delete
Name: WILLIAMS, SISTER JAN, ICE
Address: 10856 KEY HAVEN BLVD
City-St-Zip: JACKSONVILLE, FL 32218

Title: AS () Delete
Name: WRIGHT, CHERYL A
Address: 7233 OXFORDSHIRE AVE
City-St-Zip: JACKSONVILLE, FL 32219

Title: T () Delete
Name: WILLIAMS, ZORICA
Address: 7614 MELISSA CT N
City-St-Zip: JACKSONVILLE, FL 32210

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: SMITH,PASTOR ELLENE C

Electronic Signature of Signing Officer or Director

MRS.

01/22/2009

_____ Date