2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001778

WOODARD, JÚLIE

ORLANDO, FL 32808

2204 FONTAINBLEAU DRIVE

Name:

Address:

City-St-Zip:

FILED Apr 29, 2009 Secretary of State

Entity Nar	ne: MT. SIN.	AI HOLY TEN	MPLE #2, INC.			
Current Principal Place of Business:				New Principal Pla	New Principal Place of Business:	
2526 SANI ORLANDO	OY LANE), FL 32818					
Current Mailing Address:				New Mailing Address:		
2526 SANI ORLANDO	OY LANE), FL 32818					
FEI Number:	59-3688057	FEI Numbe	er Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address	Name and Address of New Registered Agent:	
JOHNSON, RUBY PASTOR						
2526 SANDY LANE ORLANDO, FL 32818 US						
	,, , , , , , , , , , , , , , , , , , , ,	00				
	named entity of Florida.	submits this	statement for the pu	rpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature	e of Registered Agen	t	Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	,) Delete		Title:	() Change () Addition	
Name:	JOHNSON, RU 2526 SANDY			Name: Address:		
Address: City-St-Zip:	ORLANDO, FL			City-St-Zip:		
Title:	VPD () Delete		Title:	() Change () Addition	
Name:	MCCLAIN, CH	*		Name:	()	
Address:	108 SPRINGS			Address:		
City-St-Zip:	ALTAMONTE :	SPRINGS, FL 3	32701	City-St-Zip:		
Title:	SD () Delete		Title:	() Change () Addition	
Name:	MCCLAIN, KA			Name:		
Address:	108 SPRINGS		22704	Address:		
City-St-Zip:	ALTAMONTE:	SPRINGS, FL 3)Z (U I	City-St-Zip:		
Title:	TD () Delete		Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RUBY JOHNSON PD 04/29/2009