2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N05000006288

Entity Name: GOD'S TEMPLE FOR ALL PEOPLE MINISTRIES, INC.

Current Principal Place of Business:

8 SWEET ST
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 16493
TALLAHASSEE, FL 323176493

New Mailing Address:

FEI Number: 59-3809369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEONARD, LIONEL
1738 HILLSGATE COURT
TALLAHASSEE, FL 32308 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:	DC	( ) Delete
Name:	LEONARD, LIONEL	
Address:	1738 HILLSGATE COURT	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	DS	( ) Delete
Name:	LEWIS, CHARLENE	
Address:	508 FAMCEE AVENUE	
City-St-Zip:	TALLAHASSEE, FL 32310	
Title:	DT	( ) Delete
Name:	GLENN, AUDREY	
Address:	407 LINCOLN AVE	
City-St-Zip:	HAVANA, FL 32333	
Title:	D	(X) Delete
Name:	GREEN, CLAUDETTE	
Address:	20 HINSON CIRCLE	
City-St-Zip:	HAVANA, FL 32333	
Title:	D	(X) Delete
Name:	JOHNSON, DAISY	
Address:	2907 BEAVER CREEK DRIVE	
City-St-Zip:	HAVANA, FL 32333	
Title:	D	(X) Delete
Name:	LEONARD, BARBARA	
Address:	1738 HILLSGATE COURT	
City-St-Zip:	TALLAHASSEE, FL 32308	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DS	(X) Change ( ) Addition
Name:	LEWIS, CHARLENE	
Address:	644 CAMPBELL STREET	
City-St-Zip:	TALLAHASSEE, FL 32310	
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: LIONEL LEONARD DC 04/30/2008

Electronic Signature of Signing Officer or Director — Date