


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000007649					
1. Entity Name HOLYGHOST OVERCOMING POWER EVANGELISTIC PENTECOSTAL TEMPLE, INC.					
Principal Place of Business 520 ARNAU TERRACE JACKSONVILLE, FL 32254			Mailing Address 520 ARNAU TERRACE JACKSONVILLE, FL 32254		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HAMILTON, B.J. PETERSON DR 520 ARNAU TERRACE JACKSONVILLE, FL 32254					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State FL Zip Code					
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Barbara B.J. Peterson Hamilton</u>				DATE <u>3-29-06</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME HAMILTON, B.J. PETERSON DR		<input type="checkbox"/> Delete		
STREET ADDRESS 520 ARNAU TERRACE	CITY - ST - ZIP JACKSONVILLE, FL 32254		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME HAMILTON, JEFFREY		<input type="checkbox"/> Delete		
STREET ADDRESS 520 ARNAU TERRACE	CITY - ST - ZIP JACKSONVILLE, FL 32254		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME FLEMING, NAKIA		<input type="checkbox"/> Delete		
STREET ADDRESS 6644 ARLINGTON RD	CITY - ST - ZIP JACKSONVILLE, FL 32254		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME TURNER, JASON		<input type="checkbox"/> Delete		
STREET ADDRESS 520 ARNAU TERRACE	CITY - ST - ZIP JACKSONVILLE, FL 32254		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY - ST - ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY - ST - ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Barbara B.J. Peterson Hamilton</u>				Date <u>3/29/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03292006 Chg-NP CR2E037 (11/05)

4. FEI Number 32-609463 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

3-29-06

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03/29/06--01017--005 **\$61.25