2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007649

Address:

City-St-Zip:

335 W. 23RD ST.

JACKSONVILLE, FL 32208

FILED Apr 30, 2008 Secretary of State

Entity Name: HOLYGHOST OVERCOMING POWER EVANGELISTIC PENTECOSTAL TEMPLE, INC.

Current Principal Place of Business: New Principal Place of Business: 1567 CANDICE COURT JACKSONVILLE, FL 32254 **Current Mailing Address: New Mailing Address:** 1567 CANDICE COURT JACKSONVILLE, FL 32254 FEI Number: 32-0094663 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAMILTON, B.J. PETERSON PETERSON-HAMILTON, BARBARA 1567 CANDICE COURT 1567 CANDICE COURT JACKSONVILLE, FL 32254 US JACKSONVILLE, FL 32254 US 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: BARBARA PETERSON-HAMILTON 04/30/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PETERSON-HAMILTON, BARBARA J Name: Name: 1567 CANDICE COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 32254 City-St-Zip: Title: () Delete Title: () Change () Addition HAMILTON, JEFFREY Name: Name: Address: 1567 CANDICE CPURT Address: City-St-Zip: JACKSONVILLE, FL 32254 City-St-Zip: Title: (X) Delete Title: () Change () Addition FLEMING, NAKIA Name: Name: 6644 ARLINGTON RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32254 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: PETERSON, ANTWIONE K Name:

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.

Address:

City-St-Zip:

SIGNATURE: BARBARA PETERSON-HAMILTON PRES 04/30/2008