

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012599

FILED  
Apr 09, 2007  
Secretary of State

**Entity Name:** TEMPLE OF LIGHT FELLOWSHIP MINISTRIES, INC.

**Current Principal Place of Business:**

6802 COMMONWEALTH AVENUE  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

8959 SPRING HARVEST LANE WEST  
JACKSONVILLE, FL 32244

**New Mailing Address:**

**FEI Number:** 20-3840434

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NELSON, RONALD B  
11091 COPPERHILL ROAD  
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: D ( ) Delete  
Name: MOORE, HERBERT  
Address: 8959 SPRING HARVEST LANE WEST  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete  
Name: MOORE, BETTY  
Address: 8959 SPRING HARVEST LANE WEST  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete  
Name: WILLIAMS, SHANA  
Address: 2617 HUBBARD STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: D ( ) Delete  
Name: GARTRELL, RIKKA  
Address: 11349 BLOSSOM RIDGE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MOORE, HERBERT  
Address: 8959 SPRING HARVEST LANE WEST  
City-St-Zip: JACKSONVILLE, FL 32244

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 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: BETTY MOORE

D

04/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date