

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Apr 22, 2008 8:00 am
Secretary of State

03-20-2008 90038 027 ****70.00

DOCUMENT # N07000003439 1. Entity Name SPIRITUAL TEMPLE HOLINESS CHURCH, INC.					
Principal Place of Business 1881 WASHING BLVD MT DORA, FL 32757			Mailing Address 1155 LINCOLN TERRACE WINTER GARDEN, FL 34787		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-8725418	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HORNE, ROBERT 1155 LINCOLN TERRACE WINER GARDEN, FL 34787				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P HORNE, ROBERT BISHOP 1155 LINCOLN TERRACE WINTER GARDEN, FL 34787 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, DEBORAH 6975 HOLLY STREET ZELLWOOD, FL 32798 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>Robert Horne</i>			3-13-08 407656-6581		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66007623



01162008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-8725418
 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

FL Zip Code