2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002714

FILED Sep 03, 2009 Secretary of State

Entity Name: THE TEMPLE OF GOD'S HOUSE OF JESUS CHRIST INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

5819 N.W. CR-143 13438 LA PLACE CIRCLE

JENNINGS, FL 32053 74

TAMPA, FL 33612

Current Mailing Address: New Mailing Address:

5819 N.W. CR-143 13438 LA PLACE CIRCLE

JENNINGS, FL 32053 74

TAMPA, FL 33612

FEI Number: 06-1838485 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BROWN, EARNEST O SR
5819 N.W. CR-143
13438 LA PLACE CIRCLE
JENNINGS, FL 32053 US

BROWN, EARNEST O SR
13438 LA PLACE CIRCLE
74

TAMPA, FL 33612 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: 09/03/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: P () Delete Title: P (X) Change () Addition

 Name:
 BROWN, EARNEST O
 Name:
 BROWN, EARNEST O

 Address:
 5819 N.W. CR-143
 Address:
 13438 LA PLACE CIRCLE

City-St-Zip: JENNINGS, FL 32053 City-St-Zip: TAMPA, FL 33612

Title: V () Delete Title: V (X) Change () Addition Name: BROWN, GRUNSUNKA L Name: BROWN, GRUNSUNKA L

Address: 5819 N.W. CR-143 Address: 13438 LA PLACE
City-St-Zip: JENNINGS, FL 32053 City-St-Zip: TAMPA, FL 32053

 Name:
 HOPSON, LINDA G
 Name:
 HOPSON, LINDA G

 Address:
 5819 N.W. CR-143
 Address:
 13438 LA PLACE CIRCLE

City-St-Zip: JENNINGS, FL 32053 City-St-Zip: TAMPA, FL 33612

Title: S () Delete Title: S (X) Change () Addition

Name:WILLIAMS, LATASHAName:WILLIAMS, LATASHAAddress:5819 N.W. CR-143Address:13438 LA PLACE CIRCLE

City-St-Zip: JENNINGS, FL 32053 City-St-Zip: TAMPA, FL 33612

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: EARNEST ODELL BROWN SR. P 09/03/2009