

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008065

FILED
Jan 23, 2012
Secretary of State

Entity Name: HEALING TEMPLE OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

3900 5 AVE NORTH
ST. PETERSBURG, FL 33713

New Principal Place of Business:

3295- 62ND, AVE NORTH
ST. PETERSBURG, FL 33702

Current Mailing Address:

POST OFFICE BOX, 531643
ST. PETERSBURG, FL 33747

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, PATRICIA APOSTLE
3900 5TH AVE NORTH
ST. PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

SMITH, P. APOSTLE
3295 - 62ND, AVE NORTH
ST. PETERSBURG, FL 33702 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: APOSTLE, P SMITH

01/23/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO
Name: SMITH, P.
Address: 3295 62ND AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: T
Name: RAQUEL, RAYNOLDS
Address: 3295- 62ND AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: S
Name: JOHNSON, ROCHELLE
Address: 3295- 62ND AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: CLER
Name: HALL, KATRINA
Address: 3295- 62ND AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

I hereby 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 all other like empowered.

SIGNATURE: APOSTLE,P SMITH

CEO

01/23/2012

Electronic Signature of Signing Officer or Director

Date