

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001997

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** AENON TEMPLE MINISTRY INC.

**Current Principal Place of Business:**

517 LIGHTHORSE LANE  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 151372  
ALTAMONTE SPRINGS, FL 32715

**New Mailing Address:**

517 LIGHTHORSE LANE  
2024  
ORLANDO, FL 32818

**FEI Number:** 80-0358729

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, SAMUEL PASTOR  
517 LIGHTHORSE LANE  
ORLANDO, FL 32818 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:** DP  
**Name:** JONES, SAMUEL PASTOR  
**Address:** 517 LIGHTHORSE LANE  
**City-St-Zip:** ORLANDO, FL 32818

**Title:** DV  
**Name:** ANDERSON, RONALD  
**Address:** 9814 BLUE PALM WAY  
**City-St-Zip:** TAMPA, FL 33610

**Title:** DST  
**Name:** JONES, FONTELLA  
**Address:** 517 LIGHTHORSE LANE  
**City-St-Zip:** ORLANDO, FL 32818

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:** SAMUEL JONES

P

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date