

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12483

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** HOLY TEMPLE RESTORATION MINISTRIES, INC.

**Current Principal Place of Business:**

1800 NW 9 AVENUE  
FORT LAUDERDALE, FL 33311 US

**New Principal Place of Business:**

**Current Mailing Address:**

1800 NW 9 AVENUE  
FORT LAUDERDALE, FL 33311 US

**New Mailing Address:**

**FEI Number:** 27-2373855      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JOHNSON, MARGARET D PASTOR  
1302 SW 23 STREET  
FORT LAUDERDALE, FL 33315 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: JOHNSON, MARGARET D  
Address: 1302 SW 23RD STREET  
City-St-Zip: FORT LAUDERDALE, FL 33315 US

Title: S  
Name: RAYMOND, CYNTHIA  
Address: 1506 NW 18 COURT  
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: VP  
Name: JOHNSON, KATRINA  
Address: 1438 SW 45 WAY  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: D  
Name: JOHNSON, BRIAN X  
Address: 1302 SW 23 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33315 US

Title: O  
Name: BROWN, LORIE  
Address: 1440 NW 7 AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33311 US

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: KATRINA JOHNSON

VP

02/29/2012

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

\_\_\_\_\_  
Date