

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21105

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE TEMPLE OF THE TRUE GOSPEL, INC.

Current Principal Place of Business:

C/O LUCINDO ONEIL
1970 NW 154 ST
OPA LOCKA, FL 33054

New Principal Place of Business:

1970 NW 154 ST
OPA LOCKA, FL 33054

Current Mailing Address:

C/O LUCINDO ONEIL
1970 NW 154 ST
OPA LOCKA, FL 33054

New Mailing Address:

1970 NW 154 ST
OPA LOCKA, FL 33054

FEI Number: 65-0006098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LINER, SAMUEL
1211 SESAME ST
OPA LOCKA, FL 33054 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: PD () Delete
Name: ONEIL, LUCINDA
Address: 1961 NW 153 STREET
City-St-Zip: OPA LOCKA, FL

Title: TD (X) Delete
Name: JENKINS, EMMA LOU
Address: 2959 NW 58 STREET
City-St-Zip: MIAMI, FL

Title: DT (X) Delete
Name: CHESTNUT, JOHNNY L.
Address: 5740 FLETCHER ST
City-St-Zip: HOLLYWOOD, FL

Title: DT () Delete
Name: LINER, SAMUEL
Address: 1211 SESAME STREET
City-St-Zip: OPA LOCKA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ONEIL, LUCINDA
Address: 1961 NW 153 STREET
City-St-Zip: OPA LOCKA, FL 33054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: LINER, SAMUEL
Address: 1211 SESAME STREET
City-St-Zip: OPA LOCKA, FL 33054

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: LUCINDA ONEIL

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date