

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N21105

1. Entity Name

THE TEMPLE OF THE TRUE GOSPEL, INC.



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAY - 4 PM 1:52

Principal Place of Business

1970 NW 154 ST  
OPA LOCKA, FL 33054

Mailing Address

1970 NW 154 ST  
OPA LOCKA, FL 33054

KS



**DO NOT WRITE IN THIS SPACE**

04292010 No Chg-NP

CR2E037 (11/08)

4. FEI Number

65-0006098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LINER, SAMUEL  
1211 SESAME ST  
OPA LOCKA, FL 33054

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2010**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ONEIL, LUCINDA  
STREET ADDRESS 1961 NW 153 STREET  
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE DT  
NAME LINER, SAMUEL  
STREET ADDRESS 1211 SESAME STREET  
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700180620527  
05/10/10--01005--008 \*\*70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Lucinda O'Neil*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #