2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21712

FILED Feb 08, 2009 Secretary of State

Entity Name: WING TEMPLE EVANGELICAL CHURCH OF CHRIST INC.

Current Principal Place of Business: New Principal Place of Business: 660 NW 152ND ST MIAMI, FL 33169 **Current Mailing Address: New Mailing Address:** 4132 NW 181ST LANE 660 NW 152ND ST MIAMI, FL 33055 MIAMI, FL 33169 FEI Number: 59-2826095 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, ROY 4132 NW 181ST LANE MIAMI, FL 33055 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JOHNSON, ROY Name: Name: Address: 12501 NW 21ST CT Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: SD Title: () Delete () Change () Addition Name: WILLIAMS, NADINE Name: Address: 320 NW 149TH ST Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: TD () Delete Title: () Change () Addition BECK, IVY Name: Name: 2240 NW 193RD TERR Address: Address: City-St-Zip: MIAMI, FL 33056 City-St-Zip: Title: DD () Delete Title: () Change () Addition Name: MASSOP, FRANKLIN B Name: 1835 NE 154TH ST Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: Title: Title: () Delete () Change () Addition JOHNSON, ANETIA Name: Name: 4132 NW 181ST LANE Address: Address: MIAMI, FL 33055 City-St-Zip: City-St-Zip:

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: ROY JOHNSON PD 02/08/2009