


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 03, 2005 08:00 AM  
Secretary of State

DOCUMENT # N23489 1. Entity Name HOLY TEMPLE APOSTOLIC CHURCH, INC.	
---------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 711 SOUTH ADELLE AVE DELAND FL 32720 US	Mailing Address 711 SOUTH ADELLE AVE DELAND FL 32720 US
------------------------------------------------------------------------------	------------------------------------------------------------------

2. Principal Place of Business Suite, Apt #, etc City & State Zip	3. Mailing Address Suite, Apt #, etc City & State Zip	Country	Country
----------------------------------------------------------------------------	----------------------------------------------------------------	---------	---------



1st MOORE CR2E037 (10/04)

4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HEFLIN, BEN 711 SOUTH ADELLE AVENUE DELAND FL 32720	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------

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 reinstating)	DATE
--------------------------------------------------------------------------------------------------------------------------------------------------------	------

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
------------------------------------------------	-------------------------------------------------------------------------------------	-----------------------------	------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HEFLIN, BEN 711 SOUTH ADELLE AVENUE DELAND FL 32730 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000250082 03/03/05-80029-017 61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HILLS, PATRICIA 650 LARRY DR. DELAND FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROSS, JIMMIE 389 S. BOSTON AVE. DELAND FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DM HEFLIN, GLORIA 711 S. ADELLE AVE. DELAND FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, changed, or on an attachment with an address, with all other like empowered

SIGNATURE: BEN HEFLIN BEN HEFLIN 2-28-05 736-3333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #