

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90106 011 ****61.25

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

711 S ADELLE AVE

2. Principal Place of Business

220 S BAREFOOT AVE

3. Mailing Address

Suite, Apt. #, etc.

DELAND FLA

City & State

DELAND FLA

Zip

32720

Country

VO6V5IA

Zip

32720

Country

VO6V5IA

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 instituting)

DATE

BENJAMIN HEFLIN 3-28-06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HEFLIN, BEN
STREET ADDRESS 711 SOUTH ADELLE AVENUE
CITY-ST-ZIP DELAND FL 32730

TITLE DS ☐ Delete
NAME HILLS, PATRICIA
STREET ADDRESS 650 LARRY DR.
CITY-ST-ZIP DELAND FL 32724

TITLE T ☐ Delete
NAME ROSS, JIMMIE
STREET ADDRESS 389 S. BOSTON AVE.
CITY-ST-ZIP DELAND FL 32724

TITLE DM ☐ Delete
NAME HEFLIN, GLORIA
STREET ADDRESS 711 S. ADELLE AVE.
CITY-ST-ZIP DELAND FL 32720

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Benjamin Heflin 711 S Adelle Ave Deland FL*



1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required