2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N23489

1. Entity Name
HOLY TEMPLE APOSTOLIC CHURCH, INC.

Principal Place of Business	Mailing Address
220 S ADELLE AVE DELAND, FL 32720 US	1306 EAST BENTON LK DELAND, FL 32720 US

DO NOT WRITE IN THIS SPACE

01182008 No Chg-NP   CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEFLIN, BEN
1306 EAST BENTON LAKE
DELAND, FL 32720

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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

Filing Fee is $61.25 **Due by May 1, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HEFLIN, BEN
STREET ADDRESS	1306 EAST BENTON LK DR
CITY-ST-ZIP	DELAND, FL 32724
TITLE	DS
NAME	HILLS, PATRICIA
STREET ADDRESS	650 LARRY DR.
CITY-ST-ZIP	DELAND, FL 32724
TITLE	T
NAME	ROSS, JIMMIE
STREET ADDRESS	389 S. BOSTON AVE.
CITY-ST-ZIP	DELAND, FL 32724
TITLE	DM
NAME	HEFLIN, GLORIA
STREET ADDRESS	1306 EAST BENTON LK DR
CITY-ST-ZIP	DELAND, FL 32724
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Benjamin Heflin_   1/21/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #