# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 25, 2009**
**Secretary of State**

DOCUMENT# N23489

**Entity Name:** HOLY TEMPLE APOSTOLIC CHURCH, INC.

**Current Principal Place of Business:**

220 S ADELLE AVE
DELAND, FL 32720 US

**New Principal Place of Business:**

**Current Mailing Address:**

1306 EAST BENTON LK
DELAND, FL 32720 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

HEFLIN, BEN
1306 EAST BENTON LAKE
DELAND, FL 32720 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete
Name: HEFLIN, BEN
Address: 1306 EAST BENTON LK DR
City-St-Zip: DELAND, FL 32724

Title: DS ( ) Delete
Name: HILLS, PATRICIA
Address: 650 LARRY DR.
City-St-Zip: DELAND, FL 32724

Title: T ( ) Delete
Name: ROSS, JIMMIE
Address: 389 S. BOSTON AVE.
City-St-Zip: DELAND, FL 32724

Title: DM ( ) Delete
Name: HEFLIN, GLORIA
Address: 1306 EAST BENTON LK DR
City-St-Zip: DELAND, FL 32724

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: BEN HEFLIN PD 06/25/2009
Electronic Signature of Signing Officer or Director — Date