


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N28182</b> 1. Entity Name <b>THE TEMPLE OF JESUS AND THE HOLY GHOST, INC.</b>					
Principal Place of Business <b>1164 EAST 21ST JACKSONVILLE FL 32206</b>		Mailing Address <b>383 EAST 45TH STREET JACKSONVILLE FL 32208</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>NO-T APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			



1st MOORE CR2E037 (10/07)

<b>6. Name and Address of Current Registered Agent</b> <b>HARRIS, RUFUS</b> <b>383 EAST 45 STREET</b> <b>JACKSONVILLE FL 32208</b>				<b>7. Name and Address of New Registered Agent</b>	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				Zip Code	

B. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature is required when re-registering)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b> <b>Make Check Payable to: Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D HARRIS, SARAH JANE 383 EAST 45TH STREET JACKSONVILLE FL 32208	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	HARRIS, SARAH JANE	NAME	000000824998
STREET ADDRESS	383 EAST 45TH STREET	STREET ADDRESS	02/20/08-80102-011 61.25
CITY-ST-ZIP	JACKSONVILLE FL 32208	CITY-ST-ZIP	
TITLE	ST HARRIS, SARAH JANE 383 EAST 45TH STREET JACKSONVILLE FL 32208	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	HARRIS, SARAH JANE	NAME	
STREET ADDRESS	383 EAST 45TH STREET	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	CITY-ST-ZIP	
TITLE	D GARDNER, MARY S 1023 EAST 22ND ST. JACKSONVILLE FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	GARDNER, MARY S	NAME	
STREET ADDRESS	1023 EAST 22ND ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	ST HARRIS, VANESSA 328 E 48 ST JACKSONVILLE FL 32208	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	HARRIS, VANESSA	NAME	
STREET ADDRESS	328 E 48 ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 11 or if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rufus Harris* Rufus Harris 1/29/08