2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32669

FILED Jan 29, 2009 Secretary of State

Entity Name: HOLY TEMPLE OF GOD HOLINESS CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

 %JUDSON WEBB
 4222 24TH COURT

 4550 39TH AVENUE
 VERO BEACH, FL 32967

 VERO BEACH, FL 32967

Current Mailing Address: New Mailing Address:

PO BOX 276

VERO BEACH, FL 32961

FEI Number: 65-0123556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WEBB, JUDSON WEBB, DEMETRIS D 4550 39TH AVENUE 4570 39TH AVENUE

VERO BEACH, FL 32927 US VERO BEACH, FL 32927 US

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: DEMETRIS D. WEBB 01/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 WEBB, JUDSON,
 Name:
 BROWN, ARTHUR SR.

 Address:
 4550 39TH AVENUE
 Address:
 4406 31ST AVENUE

 City-St-Zip:
 VERO BEACH, FL
 32967

Title: ST () Delete Title: () Change () Addition

 Name:
 MILLS, DEBRA A
 Name:

 Address:
 2494 SE WASHINGTON ST
 Address:

 City-St-Zip:
 STUART, FL 34997
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 GREEN, BRENDA D
 Name:

 Address:
 5830- 58TH CT
 Address:

 City-St-Zip:
 VERO BEACH, FL 32967
 City-St-Zip:

Title: C () Delete Title: PD (X) Change () Addition

 Name:
 WEBB, DEMETRIS D.
 Name:
 WEBB, DEMETRIS D.

 Address:
 4550 39TH AVE
 Address:
 4550 39TH AVE

 City-St-Zip:
 VERO BEACH, FL 32967
 City-St-Zip:
 VERO BEACH, FL 32967

Title: VPD (X) Delete Title: () Change () Addition

 Name:
 WEBB, TRESSIE L
 Name:

 Address:
 4550 39TH AVE
 Address:

 City-St-Zip:
 VERO BEACH, FL 32967
 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: DEBRA A. MILLS ST 01/29/2009