


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90037 021 ****70.00

DOCUMENT # N41201 1. Entity Name YALAHA HOLY COMMUNITY TEMPLE, INC.					
Principal Place of Business 2653-1 YALAHA RD YALAHA, FL 34797 US			Mailing Address P.O. BOX 216 YALAHA, FL 34797 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		City & State	
6. Name and Address of Current Registered Agent JONES, ELDER C J 3287 HARRY ST. APOPKA, FL 32703				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, CLEVELAND J <input type="checkbox"/> Delete 3287 HARRY ST. APOPKA, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32712-5806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAT JONES, MARJORIE J <input type="checkbox"/> Delete 3287 HARRY ST APOPKA, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32712-5806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAP WILLIS, JANIE <input type="checkbox"/> Delete 345 W. 14TH STREET APOPKA, FL 32703			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIT/AP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, DOROTHY <input type="checkbox"/> Delete 6751 MAGNOLIA POINBTE CIRCLE ORLANDO, FL 32810			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JONES, MARJORIE <input checked="" type="checkbox"/> Delete 3287 HARRY ST. APOPKA, FL 32712			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Margorie J. Jones</u> Margorie J. Jones					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/23/05 (321)277-4377 <small>Date Daytime Phone #</small>	