


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90448 003 ****70.00

DOCUMENT # N41201 1. Entity Name YALAH HOLY COMMUNITY TEMPLE, INC.					
Principal Place of Business 2653-1 YALAH RD YALAH, FL 34797 US				Mailing Address P.O. BOX 216 YALAH, FL 34797 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3048625	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 JANEY WILLIS Street Address (P.O. Box Number is Not Acceptable) 345 W.14th STREET City APOPKA, FL Zip Code 32703	
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 <i>Janey Willis</i>		JANEY WILLIS, VT		APRIL 27, 2006	
Filing Fee is \$61.25 Due by May 1, 2006		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 3287 HARRY ST. APOPKA, FL 327125806	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAT JONES, MARJORIE J 3287 HARRY ST APOPKA, FL 327125806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS JONES, MARJORIE J. 3287 HARRY STREET APOPKA, FL 327125806	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTAP WILLIS, JANIE 345 W. 14TH STREET APOPKA, FL 32703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV WILLIS, JANEY SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, DOROTHY 6751 MAGNOLIA POINBTE CIRCLE ORLANDO, FL 32810	<input type="checkbox"/> Delete	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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL DAVID 4205 CHANTELE ROAD ORLANDO, FL 32808	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 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: <i>Marjorie J. Jones</i>		MARJORIE J. JONES		4/27/06 321-277-4377	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	