


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 A
Secretary of State

DOCUMENT # N41201 1. Entity Name YALAHA HOLY COMMUNITY TEMPLE, INC.	
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Principal Place of Business 2653-1 YALAHA RD YALAHA, FL 34797 US	Mailing Address P.O. BOX 216 YALAHA, FL 34797 US
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DO NOT WRITE IN THIS SPACE



01302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3048625	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIS, JANEY
345 WEST 14TH STREET
APOPKA, FL 32703

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANIEL, DAVID 4205 CHANTELE ROAD ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS JONES, MARJORIE J 3287 HARRY ST APOPKA, FL 327125808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV WILLIS, JANEY 345 W. 14TH STREET APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, DOROTHY 6751 MAGNOLIA POINBTE CIRCLE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000630411
02/20/07-80006-011 70.00

**DO NOT WRITE
IN THIS SPACE**

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 817, 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: *Marjorie J. Jones* *Marjorie J. Jones* *2/5/07* *321-277-4377*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #