



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90053 036 \*\*\*\*70.00

<b>DOCUMENT # N41201</b> 1. Entity Name <b>YALAH HOLY COMMUNITY TEMPLE, INC.</b>																																																																																																								
Principal Place of Business <b>2653-1 YALAH RD</b> <b>YALAH, FL 34797 US</b>				Mailing Address <b>P.O. BOX 216</b> <b>YALAH, FL 34797 US</b>																																																																																																				
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																																						
City & State		City & State		4. FEI Number <b>59-3048625</b>																																																																																																				
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																				
6. Name and Address of Current Registered Agent  <b>WILLIS, JANEY</b> <b>345 WEST 14TH STREET</b> <b>APOKA, FL 32703</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																				
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: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																				
<b>Filing 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>																																																																																																								
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D FANIEL, DAVID</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">4205 CHANTELE ROAD,</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ORLANDO, FL 32808</td> </tr> <tr> <td>TITLE</td> <td>PS JONES, MARJORIE J</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">3287 HARRY ST</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">APOKA, FL 327125808</td> </tr> <tr> <td>TITLE</td> <td>TV WILLIS, JANEY</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">345 W. 14TH STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">APOKA, FL 32703</td> </tr> <tr> <td>TITLE</td> <td>D PERRY, DOROTHY</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">6751 MAGNOLIA POINBTE CIRCLE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ORLANDO, FL 32810</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D Barthel, Elizabeth</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">220 W. Chelsea Street</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">DeLand, FL 32720</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">6751 Magnolia Pointe Circle</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Orlando, FL 32810</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>						TITLE	D FANIEL, DAVID	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	4205 CHANTELE ROAD,		CITY-ST-ZIP	ORLANDO, FL 32808		TITLE	PS JONES, MARJORIE J	<input type="checkbox"/> Delete	STREET ADDRESS	3287 HARRY ST		CITY-ST-ZIP	APOKA, FL 327125808		TITLE	TV WILLIS, JANEY	<input type="checkbox"/> Delete	STREET ADDRESS	345 W. 14TH STREET		CITY-ST-ZIP	APOKA, FL 32703		TITLE	D PERRY, DOROTHY	<input type="checkbox"/> Delete	STREET ADDRESS	6751 MAGNOLIA POINBTE CIRCLE		CITY-ST-ZIP	ORLANDO, FL 32810		TITLE		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	D Barthel, Elizabeth	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	220 W. Chelsea Street		CITY-ST-ZIP	DeLand, FL 32720		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	6751 Magnolia Pointe Circle		CITY-ST-ZIP	Orlando, FL 32810		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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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.																																																																																																								
<b>SIGNATURE:</b> <u>Marjorie J. Jones</u> <u>2/6/08</u> <u>321-277-4377</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																								