


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N48594</b> 1. Entity Name <b>HOLY CRUSADE TEMPLE, INCORPORATED</b>	
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Principal Place of Business <b>626 PALM ST BLOUNTSTOWN, FL 32424</b>	Mailing Address <b>3900 ANN ST A MOSS POINT, MS 34563</b>
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**DO NOT WRITE IN THIS SPACE**

01312007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>64-0651474</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**HUFFMAN, TRENA S  
626 PALM ST  
BLOUNTSTOWN, FL 32424**

**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: Trena S. Huffman 3/2/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, OVERSEER P 4106 CHARLES ST MOSS POINT, MS 39563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOWARD, LATASHA 626 PALM ST. BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUFFMAN, TRENA 626 PALM ST BLOUNTSTOWN, FL 32424
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UD00000651445  
03/09/07-80007-023 61.25

**DO NOT WRITE  
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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.

SIGNATURE: Trena S. Huffman 3/1/07 (228) 219-7084  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #