2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49967

FILED Jaņ 1<u>9, 2</u>009 Secretary of State

Entity Name: HOLY TEMPLE HOUSE OF PRAYER CENTER INC.

Current Principal Place of Business: New Principal Place of Business: 214 EMERSON DR MELBOURNE, FL US **New Mailing Address: Current Mailing Address:** 1687 JACENTO AVE 1687 JACINTO AVE NW PALM BAY, FL 32907 PALM BAY, FL 32907 FEI Number: 59-3138184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: GREEN, HATTIE GREEN, HATTIE 906 SPŔING ST 128 WISHINGWELL CIRCLE PALM BAY, FL 32907 US PALM BAY, FL 32908 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. SIGNATURE: 01/19/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SIMMONS, PANDORA SIMMONS, PANDORA Name: Name: 1601 GLENARK AVE, N.E. Address: 430 GANLEY ST SW Address: City-St-Zip: PALM BAY, FL 32907 City-St-Zip: PALM BAY, FL 32907 Title: VPD () Delete Title: () Change () Addition NIBLACK, BETTY Name: Name: Address: 1902 N. 37TH STREET Address: City-St-Zip: FORT PIERCE, FL 34947 City-St-Zip: Title: () Delete Title: () Change () Addition PRESSLEY, GAIL Name: Name: Address: 158 CHICORY AVENUE N.E. Address: City-St-Zip: PALM BAY, FL 32909 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ALESSANDRO, DONNA Name: Address: 1687 JACINTO AVE NW Address: City-St-Zip: PALM BAY, FL 329078680 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA ALESSANDRO SECY 01/19/2009