

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000765

FILED
Mar 28, 2007
Secretary of State

Entity Name: TEMPLE OF THE MAGNIFICENT PRESENCE OF GOD, INC.

Current Principal Place of Business:

8440 NW 25TH CT
SUNRISE, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

8440 NW 25TH CT.
SUNRISE, FL 33322 US

New Mailing Address:

FEI Number: 65-0400111 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MACHADO, RAFAEL H
8440 NW 40TH STREET
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MACHADO, RAFAEL H
Address: 8440 NW 25TH CT.
City-St-Zip: SUNRISE, FL 33322 ST

Title: STD () Delete
Name: GOICOECHEA, JOSE G
Address: 4260 SW 40TH ST
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: MACHADO, EUNICE
Address: 8440 NW 25TH CT
City-St-Zip: SUNRISE, FL 33322

Title: D () Delete
Name: FRIAS, RAMONA
Address: 8250 SW 13 TERR
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: GOICOECHEA, JOSE G
Address: 375 NW BYRON ST
City-St-Zip: PORT ST LUCIE, FL 34983

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSE GOICOECHEA

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03/28/2007

Electronic Signature of Signing Officer or Director

Date