


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90032 001 \*\*\*\*\*8.75

02-22-2008 90032 002 \*\*\*\*\*61.25

DOCUMENT # N94000000071																											
1. Entity Name EVANGELIST TEMPLE FOR ALL PEOPLES, INC.																											
Principal Place of Business 2401 VIRGINIA AVE 2401 VIRGINIA AVE LEESBURG FL 34748 US		Mailing Address 2316 OLIVET AVE. 2316 OLIVET AVE LEESBURG FL 34748 US																									
2. Principal Place of Business - No P.O. Box # 2401 Virginia Ave Suite, Apt. #, etc. 2401 Virginia Ave City & State Leesburg, FL Zip 34748 Country		3. Mailing Address 2316 Olivet Ave Suite, Apt. #, etc. 2316 Olivet Ave City & State Leesburg, FL Zip 34748 Country USA																									
6. Name and Address of Current Registered Agent REESE, BETTY JEAN 2316 OLIVET AVE. LEESBURG FL 34748		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																											
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
Make Check Payable to Florida Department of State																											
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																									
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1st MOORE CR2E037 (10/07)

4. FEI Number 59-3339320 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Betty Jean Reese Betty Jean Reese 2-13-08 352-365-2172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #