## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9400000071

FILED Mar 16, 2009 Secretary of State

Entity Name: EVANGELIST TEMPLE FOR ALL PEOPLES, INC.

Current Pr	incipal Place	of Business:	New Principal Place of Business:			
2401 VIRGI 2401 VIRGI LEESBURG		US				
Current Ma	ailing Address	<b>3</b> :	New Mailir	New Mailing Address:		
2316 OLIVE 2316 OLIVE LEESBURG		US				
FEI Number:	59-3339320	FEI Number Applied For ( ) FEI Nu	mber Not Appli	icable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
2316 OĹIVE	ETTY JEAN ET AVE. G, FL 34748	US				
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:						
	Electroni	c Signature of Registered Agent			Date	
OFFICERS	AND DIRECT	ORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () I REESE, BETTY 2 2316 OLIVET AV LEESBURG, FL	Œ	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	DV () I REESE, ALPHON 2316 OLIVET AV LEESBURG, FL	Œ	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () I SMITH, BESSIE 43 HOBART ST ROCHESTER, N	Delete Y 14611	Title: Name: Address: City-St-Zip:	D ROLLE, ELR 2316 OLIVET LEESBURG,	AVE	
Title: Name: Address: City-St-Zip:	DST () I GARDNER, LILL 43 HOBART ST ROCHESTER, N		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	ST () I SMITH, SYLVES' P.O. BOX 277-24 SORRENTO, FL	4340	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () I FAGAN, DONNA 6431 SE 216TH MORRISTON, FL		Title: Name: Address: City-St-Zip:		()Change ()Addition	

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: BETTY JEAN REESE DP 03/16/2009