## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 25, 2007 08:00 Al Secretary of State DOCUMENT # N94000003430 1. Entity Name SANFORD EL BETHEL TEMPLE, CORP. Principal Place of Business Mailing Address 915 W. 3RD STREET P.O. BOX 2730 SANFORD FL 32771 SANFORD FL 32772-2730 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-3243035 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARRINGTON, WILLIE D Street Address (P.O. Box Number is Not Acceptable) 4502 EVERS PLACE ORLANDO FL 32811 City Zip Codo 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007. Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PΩ ☐ Delete TITLE Change ☐ Addition ARRINGTON, WILLIE DAVID NAME U000000730377 05/08/07-80080-001 61.25 STREET ADDRESS 4502 EVERS PLACE STREET ADDRESS CITY - ST- /IP ORLANDO FL 32811 CITY+SI-7IP ☐ Delete TITLE Change ☐ Addition JAMES L. JOSEPH NAME STREET ADDRESS 4320 CYNTHIA ST. STREET ADDRESS CHY-ST-/IP CITY-ST-ZIP ORLANDO FL THILE SD ☐ Delete THE [ Change L Addition NAME NAM JOSEPH, CYNTHIA STREET ADDRESS STREET ADDRESS **4320 CYNTHIA STREET** CITY - ST-7IP CITY-ST-ZIP ORLANDO FL 32811 TITLE ☐ Detete TITLE Change ☐ Addition **CFD** NAME. NAME YOUNG, WILLIE M STREET ADDRESS STREET ADDRESS 1820 N. POWERS DRIVE CtTY-ST-ZIP CITY-ST-7IP ORLANDO FL 32818 TITLE TD ☐ Delete Change THEF ■ Addition NAME WILLIAMS, MONA L NAME: STREET ADDRESS STREET ADDRESS 4735 N. PINE HILLS ROAD CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-ZIP ☐ Delete TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHTY-ST-71P CITY-ST-7IP

**FILED** 

SIGNATURE: Willie Mac Young Willie Mac Young 4-16-07 407-292-6405

12. I heroby cortify 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.