2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N95000000592

Entity Name: THE ROSE TEMPLE APOSTOLIC CHURCH, INC.

Current Principal Place of Business:

6528 SE 1ST TERRACE
BUSHNELL, FL 33513

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 831
BUSHNELL, FL 33513

New Mailing Address:

FEI Number: 59-3317881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARON, ELIJAH
6528 SE 1ST TERRACE
BUSHNELL, FL 33513 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: D ( ) Delete
Name: OWENS, A'CHAIA
Address: 6947 CR 557
City-St-Zip: BUSHNELL, FL 33513

Title: MD ( ) Delete
Name: MILLER, MARY
Address: 136 S.E. 66 LANE
City-St-Zip: BUSHNELL, FL 33513

Title: VPD ( ) Delete
Name: ARON, LOUISE
Address: 6508 S.E. 1ST TERRACE
City-St-Zip: BUSHNELL, FL 33513

Title: ST ( ) Delete
Name: OWENS, TASHENIA
Address: 6947 CR 557
City-St-Zip: BUSHNELL, FL 33513

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MD (X) Change ( ) Addition
Name: ROSETTA, BARBARA
Address: 2386 SWEET OAK STREET
City-St-Zip: OCOEE, FL 34761

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 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: ELIJAH ARON BISH 02/09/2009

Electronic Signature of Signing Officer or Director — Date