## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000002236

FILED Jan 25, 2006 Secretary of State

Entity Name: TRUE PENTECOSTAL COMMUNITY TEMPLE, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
16 S WILS COCOA, F	ON AVE				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
16 S WILS COCOA, F		S			
FEI Number:	59-3379225	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
KIMBROUGH, CHARLIE 3602 BROPHY BLVD. COCOA, FL 32926 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:					
Electronic Signature of Registered Agent				Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD ( KIMBROUGH, 0 3602 BROPHY COCOA, FL 32	BLVD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( WASHINGTON 268 PRICE AVI COCOA, FL 32	Ē	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S ( TUCKER, GRA 1012 HAYDEN ROCKLEDGE,	ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( GRAVES, LEST 610 SOUTH VA COCOA, FL 32	RR AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD ( ) KIMBROUGH, 3602 BROPHY COCOA, FL 32	BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CHARLIE KIMBROUGH PTD 01/25/2006