



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90018 008 \*\*\*\*61.25

<b>DOCUMENT # N96000002866</b> 1. Entity Name <b>TRUE PENTECOSTAL TEMPLE OF GOD, INC.</b>					
Principal Place of Business <b>11995 S.E. 140TH TER. ROAD OCCLAHAWA, FL 32183</b>			Mailing Address <b>5506 S.E. 102ND PL RD. BELLEVUE, FL 34420</b>		
2. Principal Place of Business <b>3810 S.E. 80th ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>3810 S.E. 80th ST</b> Suite, Apt. #, etc.			
City & State <b>Ocala FL</b> Zip <b>34480</b>		City & State <b>Ocala, FL</b> Zip <b>34480</b>		01222006 Chg-NP CR2E037 (11/05)	
Country <b>marion</b>		Country <b>marion</b>		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MUNFORD, CHARLES L JR 10711 SE 58TH AVE BELLEVUE, FL 34420</b>			7. Name and Address of New Registered Agent Name <b>Edith M. Heflin</b> Street Address (P.O. Box Number is Not Acceptable) <b>5506 S.E. 102nd PL RD</b> City <b>Bellevue</b> <b>FL</b> Zip Code <b>34420</b>		
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 <b>Edith M. Heflin</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Edith M. Heflin</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>1/29/06</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNFORD, CHARLES L JR. 10711 S. 58TH AVENUE BELLEVUE, FL 34420	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Edith M. Heflin 5506 S.E. 102nd PL RD Bellevue, FL 34420	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEFLIN, EDITH M 5506 S.E. 102ND PL. RD. BELLEVUE, FL 34420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John W. Heflin Jr. 5506 S.E. 102nd PL RD Bellevue	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEFLIN, JOHN W JR 5506 S.E. 102ND PL. RD. BELLEVUE, FL 34420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cynthia Townsend 45 Juniper Trail Circle Ocala FL 34480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, SHIRLEY 5 DOGWOOD DR. OCALA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shirley Hamilton 5 Dogwood Dr. Ocala, FL 34472	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, GOVIS ANN 5506 S.E. 102ND PL. RD. BELLEVUE, FL 34420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Govis Ann Scott 5506 S.E. 102nd PL RD Bellevue FL 34420	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNFORD, SUSIE R 10711 S.E. 58TH AVE. BELLEVUE, FL 34420	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jill Rockard 3605 NW 20th Ave Ocala FL 34475	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: Edith M. Heflin</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>Edith M. Heflin</b>		<b>1/29/06</b> <small>Date</small>	<b>(352) 840-9934</b> <small>Daytime Phone #</small>