2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# N96000002866

Entity Name: TRUE PENTECOSTAL TEMPLE OF GOD, INC.

Current Principal Place of Business:

3810 S.E 80TH ST.
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

3810 S.E 80TH ST.
OCALA, FL 34480

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEFLIN, EDITH M
5506 S.E 102ND PL RD
BELLEVIEW, FL 34420 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:	HEFLIN, EDITH M	
Address:	5506 S.E. 102ND PL RD.	
City-St-Zip:	BELLEVIEW, FL 34420	
Title:	D	( ) Delete
Name:	HEFLIN, JOHN W	
Address:	5506 S.E. 102ND PL. RD.	
City-St-Zip:	BELLEVIEW, FL 34420	
Title:	D	( ) Delete
Name:	TOWNSEND, CYNTHIA	
Address:	45 JUNIPER TRAIL CIRCLE	
City-St-Zip:	OCALA, FL 34480	
Title:	D	( ) Delete
Name:	HAMILTON, SHIRLEY	
Address:	5 DOGWOOD DR.	
City-St-Zip:	OCALA, FL	
Title:	D	( ) Delete
Name:	GOVIS, ANN SCOTT	
Address:	5506 S.E. 102ND PL. RD.	
City-St-Zip:	BELLEVIEW, FL 34420	
Title:	D	( ) Delete
Name:	RACKARD, JILL	
Address:	3605 NW 20TH AVE	
City-St-Zip:	OCALA, FL 34475	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: EDITH HEFLIN D 04/18/2007
Electronic Signature of Signing Officer or Director — Date