


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000005443
 1. Entity Name
TEMPLE OF GOD, CHURCH OF HOLISTIC HEALTH & HEALING, INC.



Principal Place of Business Mailing Address
1855 NE JENSEN BEACH BLVD **1855 NE JENSEN BEACH BLVD**
JENSEN BEACH FL 34957 **JENSEN BEACH FL 34957**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)
 4. FEI Number **NO-T APPLICABLE** Applied For / Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COSENTINO, DONNA
9940 S OCEAN DRIVE STE 1106
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P O Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when terminating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD	<input type="checkbox"/> Delete
NAME	ZUBER, SHANTUNG E	
STREET ADDRESS	9800 SO. OCEAN DR., #204	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ZUBER, MARIA A	
STREET ADDRESS	9800 SO. OCEAN DR., #204	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COSENTINO, DONNA	
STREET ADDRESS	9940 S. OCEAN DRIVE, STE. 1106	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	DPR	<input type="checkbox"/> Delete
NAME	CHIN, MARCUS DANIEL	
STREET ADDRESS	1448 SE SULTAN DR.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
TITLE	T	<input type="checkbox"/> Delete
NAME	COSENTINO, LOUIS	
STREET ADDRESS	9940 S. OCEAN DR. STE 1106	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

000000438231
 02/28/06-80080-016 61.25

12. I hereby certify 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 or without being empowered.

SIGNATURE _____