


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000005443</b> 1. Entity Name <b>TEMPLE OF GOD, CHURCH OF HOLISTIC HEALTH &amp; HEALING, INC.</b>			
Principal Place of Business		Mailing Address	
1855 NE JENSEN BEACH BLVD JENSEN BEACH FL 34957		1855 NE JENSEN BEACH BLVD JENSEN BEACH FL 34957	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>COSENTINO, DONNA</b> <b>9940 S OCEAN DRIVE STE 1106</b> <b>JENSEN BEACH FL 34957</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code
4. FEI Number <b>NO-T APPLICABLE</b> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUBER, SHANTUNG E	NAME	
STREET ADDRESS	9800 SO. OCEAN DR., #204	STREET ADDRESS	U00000622899
CITY-STATE-ZIP	JENSEN BEACH FL 34957	CITY-STATE-ZIP	02/13/07-80045-004 61.25
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUBER, MARIA A	NAME	
STREET ADDRESS	9800 SO. OCEAN DR., #204	STREET ADDRESS	
CITY-STATE-ZIP	JENSEN BEACH FL 34957	CITY-STATE-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSENTINO, DONNA	NAME	
STREET ADDRESS	9940 S. OCEAN DRIVE, STE. 1106	STREET ADDRESS	
CITY-STATE-ZIP	JENSEN BEACH FL 34957	CITY-STATE-ZIP	
TITLE	DPR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIN, MARCUS DANIEL	NAME	
STREET ADDRESS	1448 SE SULTAN DR.	STREET ADDRESS	
CITY-STATE-ZIP	PORT SAINT LUCIE FL 34953	CITY-STATE-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSENTINO, LOUIS	NAME	
STREET ADDRESS	9940 S. OCEAN DR. STE 1106	STREET ADDRESS	
CITY-STATE-ZIP	JENSEN BEACH FL 34957	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

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 all other info empowered.

**SIGNATURE:** *Donna Cosentino* 2/3/07 (772)229-9444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dwntime Phone #