

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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

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

1st MOORE CR2E037 (10/07)

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	
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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 _____	DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	
TITLE	PD ☐ Delete
NAME	ZUBER, SHANTUNG E
STREET ADDRESS	9800 SO. OCEAN DR., #204
CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	DVP ☐ Delete
NAME	ZUBER, MARIA A
STREET ADDRESS	9800 SO. OCEAN DR., #204
CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	SD ☐ Delete
NAME	COSENTINO, DONNA
STREET ADDRESS	9940 S. OCEAN DRIVE, STE. 1106
CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	DPR ☐ Delete
NAME	CHIN, MARCUS DANIEL
STREET ADDRESS	1448 SE SULTAN DR.
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953
TITLE	T ☐ Delete
NAME	COSENTINO, LOUIS
STREET ADDRESS	9940 S. OCEAN DR. STE 1106
CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Addition
NAME	U000000801548
STREET ADDRESS	02/01/08-80022-019 61.25
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-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 like empowered.

SIGNATURE: *Rev. Dr. Shantung E. Zuber* 1/25/08 772 334-1551