

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005443

FILED
Apr 13, 2009
Secretary of State

Entity Name: TEMPLE OF GOD, CHURCH OF HOLISTIC HEALTH & HEALING, INC.

Current Principal Place of Business:

1855 NE JENSEN BEACH BLVD
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

1855 NE JENSEN BEACH BLVD
JENSEN BEACH, FL 34957

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:

COSENTINO, DONNA
9940 S OCEAN DRIVE STE 1106
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

COSENTINO, DONNA
9940 S OCEAN DRIVE STE 1106
1106
JENSEN BEACH, FL 34957 US

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:

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZUBER, SHANTUNG E
Address: 9800 SO. OCEAN DR., #204
City-St-Zip: JENSEN BEACH, FL 34957

Title: DVP () Delete
Name: ZUBER, MARIA A
Address: 9800 SO. OCEAN DR., #204
City-St-Zip: JENSEN BEACH, FL 34957

Title: SD () Delete
Name: COSENTINO, DONNA
Address: 9940 S. OCEAN DRIVE, STE. 1106
City-St-Zip: JENSEN BEACH, FL 34957

Title: DPR () Delete
Name: CHIN, MARCUS DANIEL
Address: 1448 SE SULTAN DR.
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: T () Delete
Name: COSENTINO, LOUIS
Address: 9940 S. OCEAN DR. STE 1106
City-St-Zip: JENSEN BEACH, FL 34957

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:

I hereby certify that the information supplied with this filing does not qualify 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: SHANTUNG

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date