2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005443

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

Current Principal Place of Business:	**New Principal Place of Business:**
1855 NE JENSEN BEACH BLVD JENSEN BEACH, FL 34957	

Current Mailing Address:	**New Mailing Address:**
1855 NE JENSEN BEACH BLVD JENSEN BEACH, FL 34957	

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

Name and Address of Current Registered Agent:	**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: _____

　　　　　　　Electronic Signature of Registered Agent　　　　　　　　　　　　　　Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DONNA COSENTINO　　　　　　　　　　SD　　　　　　　04/19/2010
　　　　　　　Electronic Signature of Signing Officer or Director　　　　　　　　　Date