

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 06, 2005  
Secretary of State**

DOCUMENT# N98000007277

**Entity Name:** HOLY TEMPLE PENTECOSTAL CHURCH OF SOUTH DADE, INC.

**Current Principal Place of Business:**

1395 SW 8TH ST  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

853 NW 2ND ST  
FLORIDA CITY, FL 33034

**New Mailing Address:**

**FEI Number:** 65-0886914      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MURPHY, DORTHEA  
853 NW 2ND ST  
FLORIDA CITY, FL 33034      US

**Name and Address of New Registered Agent:**

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      ( ) Delete  
Name: MURPHY, DORTHEA  
Address: 853 NW 2ND ST  
City-St-Zip: FLORIDA CITY, FL 33034

Title: VD      ( ) Delete  
Name: MURPHY, WILLIE  
Address: 853 NW 2ND ST  
City-St-Zip: FLORIDA CITY, FL 33034

Title: D      ( ) Delete  
Name: WRIGHT, EARNEST  
Address: 24508 SW 130TH CT  
City-St-Zip: PRINCETON, FL 33632

Title: TD      ( ) Delete  
Name: HOLMES, JOHNNIE M  
Address: 30510 SW 152ND AVE  
City-St-Zip: LEISURE CITY, FL 33033

Title: SD      ( ) Delete  
Name: TATE, DENA  
Address: 1533A S LIBERTY AVE  
City-St-Zip: HOMESTEAD, FL 33034

Title: GSD      ( ) Delete  
Name: MURPHY, JOLAYNE  
Address: 853 NW 2ND ST  
City-St-Zip: FLORIDA CITY, FL 33034

**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:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DORTHEA MURPHY

PD

05/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date