

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 20, 2009
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 ()**

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 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: DORTHEA MURPHY

PAST

01/20/2009

Electronic Signature of Signing Officer or Director

Date