

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007277

FILED  
Jan 17, 2011  
Secretary of State

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

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

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

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

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

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

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: DORTHEA MURPHY

PAST

01/17/2011

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

\_\_\_\_\_  
Date