2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N99000005146

Entity Name: EVANGELIST HOLINESS TEMPLE, INC.

Current Principal Place of Business:

2120 PULLMAN AVE.
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

2120 PULLMAN AVE.
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-3597912 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, ROBERT L
2120 PULLMAN AVE
JACKSONVILLE, FL 32208 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: PT ( ) Delete
Name: MORRIS, RICKEY
Address: 1520 N. LIBERTY STREET APT 3
City-St-Zip: JACKSONVILLE, FL 32206

Title: D ( ) Delete
Name: MORRIS, ROBERT
Address: 2120 PULLMAN AVE
City-St-Zip: JACKSONVILLE, FL 32269

Title: ST ( ) Delete
Name: JOHNSON MORRIS, BERNICE
Address: 2120 PULLMANAVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD ( ) Delete
Name: FLOWERS, DOLORES
Address: 10316 WOODLEY CREEK RD.W.
City-St-Zip: JACKSONVILLE, FL 32218

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:

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: DOLORES FLOWERS T 04/29/2005
Electronic Signature of Signing Officer or Director — Date