

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005878

FILED  
Jul 18, 2008  
Secretary of State

Entity Name: TEMPLO FILADELFIA, INC.

**Current Principal Place of Business:**

5730 SR 674  
WIMAUMA, FL 33598

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1038  
WIMAUMA, FL 33598

**New Mailing Address:**

FEI Number: 59-3602779      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:**

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

VELAZQUEZ, NEEMIAS  
5730 SR 674 #C  
WIMAUMA, FL 33598      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: D      ( ) Delete  
Name: VELAZQUEZ, NEEMIAS  
Address: 5730 SR 674 #C  
City-St-Zip: WIMAUMA, FL 33598

Title: D      ( ) Delete  
Name: TREVINO, EVARISTO  
Address: 5518 9TH ST  
City-St-Zip: WIMAUMA, FL 33598

Title: D      ( ) Delete  
Name: LARA, GUADALUPE R  
Address: 9023 HWY 674  
City-St-Zip: WIMAUMA, FL 33598

**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:

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: NEEMIAS VELASQUEZ

D

07/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date