
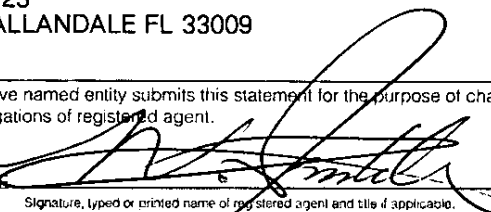


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N99000006207 1. Entity Name THE TEMPLE OF PEACE APOSTLE YOUTH MINISTRY, INC.			
Principal Place of Business 500 N E 3RD ST UNIT #123 HALLANDALE FL 33009		Mailing Address 500 N E 3RD ST UNIT #123 HALLANDALE FL 33009	
2. Principal Place of Business - No P.O. Box # 500 NE 3RD ST Suite, Apt. #, etc. 123		3. Mailing Address 500 NE 3RD ST 123 Suite, Apt. #, etc. HALLANDALE FLA	
City & State HALLANDALE FLA		City & State HALLANDALE FLA	
Zip 33009	Country BRUNARD	Zip 33009	Country BRUNARD
6. Name and Address of Current Registered Agent GAMBLE, WILLIE JR. 500 N.E. 3RD STREET #123 HALLANDALE FL 33009		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> </div> <div style="width: 40%; text-align: right;"> 09/12/08 <small>DATE</small> </div> </div>			
FILE NOW: FEE IS \$61.25 Due By September 3, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAMBLE, WILLIE PASTOR 500 NE 3RD STREET #123 HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100136159181 09/19/08--01044--010 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DAVIS, NEAL 752 NW 6TH ST APT #1 HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GAMBLE, WILLIE J 500 NE 3RD ST HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POWE, JULIETTE EVANG. 816 NW 10 STREET HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, LUCILLE MRS 404 NW 4TH AVENUE #2 HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

FILED

08 SEP 19 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



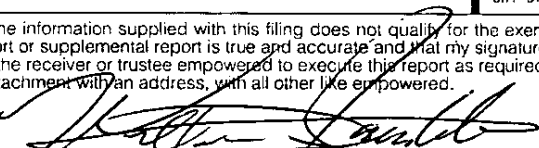
2nd MOORE CR2E037 (4/08)

4. FEI Number **65-0956979** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



09/12/08

09/19/08