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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727673

1. Corporation Name
TEMPLE OF FAITH, INCORPORATED

Principal Place of Business	Mailing Address
1028 SO LAKE AVE APOPKA FL 32703 US	1028 SO LAKE AVE APOPKA FL 32703 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/08/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7335580 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROUSE, MIMS
239 W. 14TH STREET
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	WASHINGTON, G. H.		1.2 NAME		
STREET ADDRESS	102 W 11 STR		1.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		1.4 CITY-ST-ZIP		
TITLE	ED	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROUSE, MIMS		2.2 NAME		
STREET ADDRESS	239 W 14TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		2.4 CITY-ST-ZIP		
TITLE	CTR	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHARLES BROWN		3.2 NAME		
STREET ADDRESS	1140 MARTIN L KING DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, BOBBY		4.2 NAME		
STREET ADDRESS	PO BOX 507 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		4.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EARNEST STEWART		5.2 NAME		
STREET ADDRESS	325 EAST 14TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		5.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JAMES W GLENN		6.2 NAME		
STREET ADDRESS	1121 JACKSON ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] REQUIRED Mims Rouse Sr. 1/20/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

150038-90169-25
727673

ADDITIONAL OFFICERS:

TR
ERNEST BELL
2 E HAMMON DR
APOPKA, FL 32703

TR
KEITH BRIDGES
200 W CLEVELAND ST
APOPKA, FL 32703

TR
GREGORY PATTERSON
1158 S LAKE AVE
APOPKA, FL 32703