2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005
Secretary of State

DOCUMENT# 727673

Entity Name: TEMPLE OF FAITH, INCORPORATED

Current Principal Place of Business:

1028 SO LAKE AVE
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

1028 SO LAKE AVE
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 23-7335580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

ROUSE, MIMS
239 W. 14TH STREET
APOPKA, FL 32703 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 ( ) Delete
Name: WASHINGTON, G. H.,
Address: 102 W 11 STR
City-St-Zip: APOPKA, FL

Title: ED ( ) Delete
Name: ROUSE, MIMS
Address: 239 W 14TH ST
City-St-Zip: APOPKA, FL

Title: CTR ( ) Delete
Name: CHARLES BROWN,
Address: 1140 MARTIN L KING DR
City-St-Zip: ORLANDO, FL

Title: TR ( ) Delete
Name: TAYLOR, BOBBY
Address: PO BOX 507 N/A
City-St-Zip: APOPKA, FL

Title: TR ( ) Delete
Name: EARNEST STEWART,
Address: 325 EAST 14TH ST
City-St-Zip: APOPKA, FL

Title: TR ( ) Delete
Name: JAMES W GLENN,
Address: 1121 JACKSON ST
City-St-Zip: OVIEDO, FL

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:

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: MIMS ROUSE SR ED 05/03/2005
Electronic Signature of Signing Officer or Director — Date