2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727673

FILED Jul 31, 2006 Secretary of State

Entity Name: TEMPLE OF FAITH, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 1028 SO LAKE AVE APOPKA, FL 32703 US **Current Mailing Address: New Mailing Address:** 1028 SO LAKE AVE APOPKA, FL 32703 US 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: Name and Address of New Registered Agent: ROUSE, MIMS 239 W. 14TH STREET APOPKA, FL 32703 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition WASHINGTON, G. H., WASHINGTON, G. H., Name: Name: 102 W 11 STR Address: 102 W G.H. WASHINGTON STREET Address: City-St-Zip: APOPKA, FL City-St-Zip: APOPKA, FL Title: ED Title: () Delete () Change () Addition Name: ROUSE, MIMS Name: Address: 239 W 14TH ST Address: City-St-Zip: APOPKA, FL City-St-Zip: Title: CTR () Delete Title: () Change () Addition CHARLES BROWN, Name: Name: 1140 MARTIN L KING DR Address: Address: City-St-Zip: ORLANDO, FL City-St-Zip: Title: TR () Delete Title: () Change () Addition Name: TAYLOR, BOBBY Name: Address: PO BOX 507 N/A Address: City-St-Zip: APOPKA, FL City-St-Zip: Title: () Delete Title: () Change () Addition EARNEST STEWART, Name: Name: 325 EAST 14TH ST Address: Address: City-St-Zip: APOPKA, FL City-St-Zip: Title: () Delete Title: () Change () Addition JAMES W GLENN, Name: Name: Address: 1121 JACKSON ST Address: OVIEDO, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES F. BROWN CTR 07/31/2006