

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727673

FILED
May 08, 2007
Secretary of State

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:

Name and Address of New Registered Agent:

ROUSE, MIMS
239 W. 14TH STREET
APOPKA, FL 32703 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: PD () Delete
Name: WASHINGTON, G. H.,
Address: 102 W G.H. WASHINGTON STREET
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
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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: CHARLES BROWN

CTR

05/08/2007

Electronic Signature of Signing Officer or Director

Date