2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
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)**

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 G.H. WASHINGTON STREET	
City-St-Zip:	APOPKA, FL 32703 US	
Title:	ED	( ) Delete
Name:	ROUSE, MIMS	
Address:	239 W 14TH ST	
City-St-Zip:	APOPKA, FL 32703 US	
Title:	CTR	( ) Delete
Name:	BROWN, CHARLES	
Address:	1140 MARTIN L KING DR	
City-St-Zip:	ORLANDO, FL 32805 US	
Title:	TR	( ) Delete
Name:	TAYLOR, BOBBY	
Address:	PO BOX 507 N/A	
City-St-Zip:	APOPKA, FL 32703 US	
Title:	TR	( ) Delete
Name:	EARNEST, STEWART	
Address:	325 EAST 14TH ST	
City-St-Zip:	APOPKA, FL 32703 US	
Title:	TR	( ) Delete
Name:	JAMES W GLENN	
Address:	1121 JACKSON ST	
City-St-Zip:	OVIEDO, FL 32765 US	

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 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 04/30/2009

Electronic Signature of Signing Officer or Director — Date