

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733167

(1)

1. Corporation Name

FAITH PRAYER TEMPLE, INC.

Principal Place of Business

**1281 CAPITOL BLVD.
PENSACOLA FL 32505**

Mailing Address

**1281 CAPITOL BLVD.
PENSACOLA FL 32505**



3. Date Incorporated or Qualified

06/25/1975

3a. Date of Last Report

03/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Same above

26 Same above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERTRAND, FRANCES C
1281 CAPITAL BLVD
PENSACOLA FL 32505**

81 Name

Same

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

Frances Bertrand C. President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/96

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **BERTRAND, FRANCES C**
STREET ADDRESS **1281 CAPITAL BLVD.**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **V** ☐ DELETE

NAME **GRIFFIN, MARY**
STREET ADDRESS **1285 CAPITAL BLVD**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **S** ☐ DELETE

NAME **GREY, RUBY**
STREET ADDRESS **1283A CAPITAL BLVD.**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **D** ☐ DELETE

NAME **GRIFFIN, RANDY**
STREET ADDRESS **1285 CAPITAL BLVD.**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **D** ☐ DELETE

NAME **DAVISON, LINDA**
STREET ADDRESS **1202 ALCANIZE ST.**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ DELETE

NAME **NICKSON, CONNIE**
STREET ADDRESS **117 DIEGO CIRCLE**
CITY-ST-ZIP **PENSACOLA FL 32505**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

NONE

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Mary Griffin, Mary Griffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96

484-8353

CR2E037 (12/95)