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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737096

1. Corporation Name

FAITH TEMPLE ASSEMBLY OF GOD, INC., OF PLANT CIT
Y, FLORIDA

Principal Place of Business	Mailing Address
4240 FRONTAGE RD. N. PLANT CITY FL 33565-9404	4240 FRONTAGE RD. N. PLANT CITY FL 33565-9404

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/21/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1453436 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TRINKLE, ROBERT S.
306 WEST REYNOLDS ST.
PLANT CITY FL

10. Name and Address of New Registered Agent

81 Name

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	ALMON, GAYLE		1.2 NAME	GREEN, EUGENE	
STREET ADDRESS	3012 E WILLIAMS RD		1.3 STREET ADDRESS	4730 KNIGHTS STATION RD.	
CITY-ST-ZIP	PLANT CITY FL		1.4 CITY-ST-ZIP	~~LAKELAND, FL 33801~~	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FUTCH, FRANK W		2.2 NAME		
STREET ADDRESS	7018 O'DONIEL LOOP W		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, E W		3.2 NAME		
STREET ADDRESS	4270 FRONTAGE RD NO		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALMON, SCOTT		4.2 NAME		
STREET ADDRESS	3923 WOODBURN LOOP E		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HORNER, JACK		5.2 NAME		
STREET ADDRESS	4007 PINDA PALM CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, JOSEPH		6.2 NAME		
STREET ADDRESS	3547 COLLEEN DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Gayle Almon SIGNATURE REQUIRED Asst. Secy. 2-8-99 813-752-0532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #