

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:47

DOCUMENT # 737939 (9)
1. Corporation Name
UNITED FAITH MISSIONARY TEMPLE, INC.

Principal Place of Business Mailing Address
4435 TRESA BLVD. PO-BOX 555450 (W2) ORLANDO FL 32855
4435 TRESA BLVD. PO-BOX 555450 (W2) ORLANDO FL 32855

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/28/1977
3a. Date of Last Report 01/26/1994
4. FEI Number 59-1730595
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 4435 Teresa BLVD 26 4435 Teresa BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 Orlando FL 28 Orlando FL
Zip Country Zip Country
24 32811 25 USA 29 32811 30 USA

9. Name and Address of Current Registered Agent
ELDRIDGE, WILLIE
565-TRESA BLVD.
P.O. BOX 6458
ORLANDO FL 32855 (W2)

10. Name and Address of New Registered Agent
81 Name ELDRIDGE, WILLIE
82 Street Address (P.O. Box Number is Not Acceptable) 4435 Teresa Blvd
83
84 City Orlando FL 85 Zip Code 32811

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELDRIDGE, WILLIE
STREET ADDRESS	565 TRESA BLVD.
CITY-ST-ZIP	ORLANDO FL
TITLE	VD
NAME	ELDRIDGE, BERNICE M.
STREET ADDRESS	565 TRESA BLVD.
CITY-ST-ZIP	ORLANDO FL
TITLE	T
NAME	MASSEY, NAPOLEON
STREET ADDRESS	4609 WELLESLY DR
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	GUY, DELLIE W
STREET ADDRESS	1021 WINTER BERRY LN.
CITY-ST-ZIP	ORLANDO FL
TITLE	S
NAME	MASSEY, DORTHY
STREET ADDRESS	4609 WELLESLY DR.
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4435 Teresa Blvd
1.4 CITY-ST-ZIP	Orlando FL 32811
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Massey, Napoleon
2.3 STREET ADDRESS	4609 Wellesly Dr
2.4 CITY-ST-ZIP	Orlando FL 32811
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Massey, Dorothy
3.3 STREET ADDRESS	4609 Wellesly Dr
3.4 CITY-ST-ZIP	Orlando FL 32811
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	McNabb, Tena
5.3 STREET ADDRESS	5121 Danny Boy Circle
5.4 CITY-ST-ZIP	Orlando FL 32808
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(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 as an attachment with an address.

SIGNATURE: Willie Eldridge Willie Eldridge January 14 Jan 95 299-9072
DATE: _____ DAYTON PERIOD # _____