


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90060 009 \*\*\*\*70.00

**DOCUMENT # 737939**  
1. Entity Name  
**UNITED FAITH MISSIONARY TEMPLE, INC.**



Principal Place of Business  
**619 CONLEY STREET  
ORLANDO, FL 32805 US**

Mailing Address  
**4609 WELLESLEY DRIVE  
ORLANDO, FL 32818**

**24021442**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03092004 Chg-NP CR2E037 (10/03)

City & State  
Zip Country

4. FEI Number  
**59-1730595**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MASSEY, NAPOLEON  
4609 WELLESLEY DRIVE  
ORLANDO, FL 32818**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Napoleon Massey* **3 10 04**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MASSEY, NAPOLEON	
STREET ADDRESS	4609 WELLESLEY DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	T	<input type="checkbox"/> Delete
NAME	MASSEY, DORETHA	
STREET ADDRESS	4609 WELLESLEY DR.	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, MAGGIE	
STREET ADDRESS	523 W. JACKSON STREET, APT. 110	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE	S	<input type="checkbox"/> Delete
NAME	M McNABB, TENA	
STREET ADDRESS	5121 DANNY BOY CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRINSON, CARL	
STREET ADDRESS	5396 BOTANY COURT	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Napoleon Massey* **3/10/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #