


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90048 016 ****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

50032535



2. Principal Place of Business
UNITED FAITH MISSIONARY TEMPLE
 Suite, Apt. #, etc.
630. EMERALDA RD

3. Mailing Address
 Suite, Apt. #, etc.
106

03162005 Chg-NP CR2E037 (10/03)

City & State
ORLANDO

City & State
FLA

Zip
32808

Country
ORANGE

Zip
71A

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

Filing Fee is \$61.25
Due by May 1, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MASSEY, NAPOLEON 4609 WELLESLEY DRIVE ORLANDO, FL 32818 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MASSEY, DORETHA 4609 WELLESLEY DR. ORLANDO, FL 32818 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, MAGGIE 523 W. JACKSON STREET, APT. 110 ORLANDO, FL 32805 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCNABB, TENA 5121 DANNY BOY CIRCLE ORLANDO, FL 32808 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRINSON, CARL 5396 BOTANY COURT ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Edward Q Smith, DECON 2042 Jacob Pl #4 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pamela Smith 2042 Jacob Pl #4 Orlando Fl. 32805 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASTOR ORAL ROCHESTER 3925 SEABRIDGE DR ORLANDO FL 32839 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ASS. PASTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **3-21-05** **407.2983006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #