

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90025 037 \*\*\*\*70.00

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



Principal Place of Business  
**630 E. MERALDA RD**  
**ORLANDO, FL 32808 US**

Mailing Address  
**4609 WELLESLEY DRIVE**  
**106**  
**ORLANDO, FL 32818**

2. Principal Place of Business  
**630 EMERALDA RD**  
 Suite, Apt. #, etc.  
**106**

3. Mailing Address  
**4609 WELLESLEY DR**  
 Suite, Apt. #, etc.  
**DR**

City & State  
**Orlando**

City & State  
**Orland Fla**

Zip  
**32808**

Country  
**ORANGE**

Zip  
**32818**

Country  
**ORANGE**

03152006 Chg-NP CR2E037 (11/05)



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, 2006**

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 SMITH, PAMELA 2042 JAROU PL #G ORLANDO, FL 32805	<input 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	APAS ROCHESTER, PASTOR ORAL 3925 SEABRIDGE DR. ORLANDO, FL 32839	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEAC SMITH, EDWARD C 2042 JACOB PL #G ORLANDO, FL 32805	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Chapter 119, 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 17 06 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR