

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90101 041 \*\*\*\*61.25

<b>DOCUMENT # 760719</b> 1. Entity Name <b>FAITH TEMPLE HOLINESS CHURCH OF GOD IN CHRIST, INC.</b>					
Principal Place of Business <b>303 N WALKER ST</b> <b>LAKE WALES, FL 33853 US</b>			Mailing Address <b>P.O. BOX 904</b> <b>LAKE WALES, FL 33859-0904 US</b>		
2. Principal Place of Business <b>303 N Dr ML King Blvd</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip <b>33853</b> Country <b>US</b>		City & State Zip Country		4. FEI Number <b>74-2594314</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SMILEY, JOHNNY L.</b> <b>2420 US HWY 27 SOUTH</b> <b>17021 HWY 27</b> <b>LAKE WALES, FL 33859-2515</b>			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PM</b> <b>SMILEY, JOHNNY L.</b> <b>17021 HWY 27</b> <b>LAKE WALES, FL 338592515</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDT</b> <b>SMILEY, ELIZABETH G.</b> <b>17021 HWY 27</b> <b>LAKE WALES, FL 338592515</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FOSTER, RUTHA M.</b> <b>435 AUSTIN STREET</b> <b>LAKE WALES, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JACKSON, JOHN JR</b> <b>1551 TANGELO ST</b> <b>LAKE WALES, FL 33853</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WARD, Robert Jr.</b> <b>144 Taft Street</b> <b>LAKE WALES, FL 33859</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE: Elizabeth G. Smiley</b> <i>Elizabeth G. Smiley</i> <b>01/27/2004</b> <b>863/676-8687</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					