

FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N27417 (7)**  
1. Corporation Name  
**FOUNDATION TEMPLE APOSTALIC FAITH CHURCHES, INC.**



Principal Place of Business <b>3341 TENDELL ROAD COTTONDALE FL 32431 US</b>	Mailing Address <b>P. O. BOX 24 EBRO FL 32437-0024 US</b>
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3. Date Incorporated or Qualified <b>07/13/1988</b>	3a. Date of Last Report <b>04/18/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> 5502 SUBDIVISION ROAD
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b> EBRO, FL
Zip <b>24</b>	Country <b>30</b> U.S.A.

4. FEI Number <b>59-3173353</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MIKE, EDWARD T.  
SUBDIVISION ROAD  
EBRO FL 32437**

10. Name and Address of New Registered Agent

<b>81</b> Name <b>MIKE, EDWARD T.</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>5502 SUBDIVISION ROAD</b>
<b>83</b>
<b>84</b> City <b>EBRO</b>
<b>85</b> Zip Code <b>FL 32437</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MIKE, EDWARD T.	
STREET ADDRESS	SUBDIVISION ROAD	
CITY-ST-ZIP	EBRO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, MARVIN S.	
STREET ADDRESS	2895 PONTIAC LOOP	
CITY-ST-ZIP	COTTONDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COTTON, CARLTON LEE	
STREET ADDRESS	3284 BUMP NOSE ROAD	
CITY-ST-ZIP	MARIANNA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	5502 SUBDIVISION ROAD
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COTTON, CARLTON LEE
2.3 STREET ADDRESS	3284 BUMP NOSE ROAD
2.4 CITY-ST-ZIP	MARIANNA, FL 32446
3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MIKE, LOTTIE T.
3.3 STREET ADDRESS	5502 SUBDIVISION ROAD
3.4 CITY-ST-ZIP	EBRO, FL 32437
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: *Edward T. Mike* EDWARD T. MIKE, PRES. 4/25/97  
1-904-535-2593  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0010429

CR2E037 (9/96)