

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90142 011 \*\*\*\*61.25

UW/2431

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N27417**

1. Corporation Name  
**FOUNDATION TEMPLE APOSTALIC FAITH CHURCHES, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>3341 TENDELL ROAD<br>COTTONDALE FL 32431<br>US | Mailing Address<br>5502 SUBDIVISION RD<br>EBRO FL 32437<br>US |
|---|---|



|  |   |   |  |
|--|---|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 25 | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 30 | 3. Date Incorporated or Qualified<br>07/13/1988 | 4. FEI Number<br>59-3173353<br>Applied For<br>Not Applicable |
| 9. Name and Address of Current Registered Agent  |   | 10. Name and Address of New Registered Agent    |  |

MIKE, EDWARD T.  
 5502 SUBDIVISION RD.  
 EBRO FL 32437

|         |   |    |         |             |
|---------|---|----|---------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 Zip Code |
|         |   |    | FL      |             |

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

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|------------------------------------|---|--|
| TITLE                      | PD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MIKE, EDWARD T.                    | 1.2 NAME  |  |
| STREET ADDRESS             | 5502 SUBDIVISION RD.               | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | EBRO FL                            | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | COTTON, CARLTON LEE                | 2.2 NAME  |  |
| STREET ADDRESS             | 3284 BUMP NOSE RD                  | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MARIANNA FL                        | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SD <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MIKE, LOTTIE M                     | 3.2 NAME  |  |
| STREET ADDRESS             | 5502 SUBDIVISION RD                | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | EBRO FL 32437                      | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | INMAN, GLADYS                      | 4.2 NAME  | INMAN, GLADYS  |
| STREET ADDRESS             | 2636 CHURCH STREET                 | 4.3 STREET ADDRESS                                    | 3486 HWY 162   |
| CITY-ST-ZIP                | COTTONDALE FL 32431                | 4.4 CITY-ST-ZIP                                       | MARIANNA, FL 32446   |
| TITLE                      | <input type="checkbox"/> DELETE    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                    | 5.2 NAME  |  |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                    | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                    | 6.2 NAME  |  |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                    | 6.4 CITY-ST-ZIP                                       |  |

14. 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 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, with all other like empowered.

SIGNATURE: Edward T. Mike **SIGNATURE REQUIRED** Edward T. Mike, President 3-3-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)