

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27417

FILED  
Feb 16, 2007  
Secretary of State

**Entity Name:** FOUNDATION TEMPLE APOSTALIC FAITH CHURCHES, INC.

**Current Principal Place of Business:**

3341 TENDELL ROAD  
COTTONDALE, FL 32431 US

**New Principal Place of Business:**

**Current Mailing Address:**

5502 SUBDIVISION RD  
EBRO, FL 32437 US

**New Mailing Address:**

FEI Number: 59-3173353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MIKE, EDWARD T.,  
Address: 5502 SUBDIVISION RD.  
City-St-Zip: EBRO, FL 32437 US

Title: VD ( ) Delete  
Name: COTTON, CARLTON L  
Address: 3284 BUMP NOSE RD  
City-St-Zip: MARIANNA, FL 32446 US

Title: SD ( ) Delete  
Name: MIKE, LOTTIE M  
Address: 5502 SUBDIVISION RD  
City-St-Zip: EBRO, FL 32437

Title: T ( ) Delete  
Name: COTTON, SHARON R  
Address: 3284 BUMPNOSE RD  
City-St-Zip: MARIANNA, FL 32446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD T. MIKE

PD

02/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date