


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90563 019 ****61.25

DOCUMENT # N30043					
1. Entity Name THE SALVATION AND PRAISE TEMPLE OF FAITH, INC.					
Principal Place of Business 324 NW 16TH PLACE POMPANO BEACH, FL 33060			Mailing Address 324 NW 16TH PLACE C/O JOHNNY L ZANDERS POMPANO BEACH, FL 33060 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0114888	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZANDERS, JOHNNY L. 324 NW 16TH PLACE POMPANO BEACH, FL 33060			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing: Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZANDERS, JOHNNY L.		NAME	ZANDERS, JOHNNY L.	
STREET ADDRESS	2855 NW 4TH ST		STREET ADDRESS	324 NW 16th Place	
CITY-ST-ZIP	POMPANO BEACH, FL 33060		CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZANDERS, HAZEL KIRKLAND		NAME	ZANDERS, DEBORAH C.	
STREET ADDRESS	10315 NW 30TH MANOR		STREET ADDRESS	324 NW 16th Place	
CITY-ST-ZIP	CORAL SPRINGS, FL		CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, LONNIE		NAME	FRANKLIN, ROBINSON	
STREET ADDRESS	2643 NW 8TH STREET		STREET ADDRESS	3811 NE 11th Avenue	
CITY-ST-ZIP	POMPANO BEACH, FL		CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, SUSIE		NAME	ROBINSON, LORENE	
STREET ADDRESS	2643 NW 8TH STREET		STREET ADDRESS	3811 NE 11th Avenue	
CITY-ST-ZIP	POMPANO BCH., FL		CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <i>Johnny L. Zanders Sr.</i>			Date: <i>April 11, 2005</i> (954) 784-3155		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Johnny L. Zanders</i>			Daytime Phone #		