

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morrissey
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY - 1 11 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000439 (1)**

1. Corporation Name

TEMPLE MINISTRIES, INC.

Principal Place of Business:

Mailing Address:

**4404 JENSON LANE
PACE FL 32571**

**P.O. BOX 1026
PACE FL 32571**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/19/1992	3a. Date of Last Report 04/29/1994
4. FEI Number 59-3228784	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**HELMS, TIMOTHY L
4404 JENSON LANE
PACE FL 32571**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	DM
NAME	CONNOLLY, RODNEY J.
STREET ADDRESS	4404 JENSON LANE
CITY, ST, ZIP	PACE FL
TITLE	PDST
NAME	HELMS, TIMOTHY L.
STREET ADDRESS	4404 JENSON LANE
CITY, ST, ZIP	PACE FL
TITLE	VD
NAME	NEIL SILVERBURG,
STREET ADDRESS	309 DEADERICK AVE.
CITY, ST, ZIP	KNOXVILLE TN 37921-6431
TITLE	D
NAME	DICKIE L. KING,
STREET ADDRESS	3800 FOUNTAIN
CITY, ST, ZIP	ATMORE AL 36503

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

Replacement Director in nomination: Mr. King not a director this year.

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(3)(b), 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 this 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: *Timothy L. Helms*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 April 95 904-623-2545