

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N92000000439 (1)

1. Corporation Name
TEMPLE MINISTRIES, INC.



Principal Place of Business
**4404 JENSON LANE
PACE FL 32571**

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

3. Date Incorporated or Qualified **11/19/1992** 3a. Date of Last Report **05/01/1995**

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 29 Country 30 Country

4. FEI Number **59-3228784** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 FL 85 Zip Code

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 *Timothy L Helms* **Timothy L. Helms President** **22 April 1996**
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	DM	<input type="checkbox"/> DELETE
NAME	CONNOLLY, RODNEY J.	
STREET ADDRESS	4404 JENSON LANE	
CITY-ST-ZIP	PACE FL	
TITLE	PDST	<input type="checkbox"/> DELETE
NAME	HELMS, TIMOTHY L.	
STREET ADDRESS	4404 JENSON LANE	
CITY-ST-ZIP	PACE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NEIL SILVERBURG,	
STREET ADDRESS	309 DEADERICK AVE.	
CITY-ST-ZIP	KNOXVILLE TN 37921-6431	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	300001840583
4.3 STREET ADDRESS	-05/28/96--01029--008
4.4 CITY-ST-ZIP	***70.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>St. Paul</i>
5.3 STREET ADDRESS	<i>ae</i>
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Timothy L Helms* **Timothy L. Helms President / S/T** **22 April 1996** **904-623-2545**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)