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NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9200000439 (1)

TEMPLE MINISTRIES, INC.

Principal Place of Business	Mailing Address	
4404 JENSON LANE PACE FL 32571	P.O. BOX 1026 PACE FL 32571-0026	
2. Principal Place of Business	2a. Mailing Address	

FILED Jul 17 1997 8:00am Secretary of State

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2. Principal Place of Business 2. Adding Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. Country 2. Zip 2. Country 2. Zip 2. Country 2. Country 2. Sup 2. Country 3. This corporation has liability for intangit Florida Statuses 2. Name and Address of Current Registered Agent HELMS, TIMOTHY L 4404 JENSON LANE PACE FL 32871 2. Mailing Address 2. Mailing Address 3. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Trust Fund Contribution 1. Name and Address of New Registered 1. Name Helms 1. Name Helms 1. Name Helms 1. Street Address of New Registered 1. Street Address (P.O. Bek Number is Not Acceptable) 1. Research to the provide to the provided of the part of t	L 85 300000
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11 Duranest to the provious of Sections 517 0507 and 517 1509. Elevide Statutes, the physical parameters submit a the electrometer for the purpose	of changing the registered
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
affine a regulatored annut or both in the Class of Clouds Auch affings was sufficiently by the corporation's board of disasters. I beauty consent the	
office or registered agent, or both, in the State of Florida Statues, the adversariate corporation's board of directors. I hereby accept the a agent. I am fartillar with, and accept the obligations of Section 517.0503, Florida Statutes.	ppontitions as registered
SIGNATURE RESIDENT	Suly 1997
Signature, typed or printed name of signature agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AT DELETE 1.1 TITLE DM DELETE 1.1 TITLE	Change Addition
	E CALLED
AMA IFNIGALLA LUF	
STREET ADDRESS 4404 JENSON LANE OITY-ST-ZIP PACE FL 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP OAC 5 1.7 ST-ZIP	
TITLE POST DELETE 2.1 TITLE	Change Addition
NAME HELMS, TIMOTHY L. 22 NAME Timothy C. Helms	-
STREET ADDRESS 4404 JENSON LANE 2.3 STREET ADDRESS 5406 Swanner Road	}
CITY-ST-ZIP PACE FL 2.4 CITY-ST-ZIP Milton, FC 32570	
TITLE VD BELETE 3.1 TITLE VD	Change Addition
NAME NEIL SILVERBURG, 32 NAME PORTO COLO 4. TOCAS	
STREET ADDRESS 309 DEADERICK AVE. 33 STREET ADDRESS 4404 Jenson Care	
NAME NEIL SILVERBURG, STREET ADDRESS GITY-ST-ZIP NOXVILLE TN 37921-6431 NEIL SILVERBURG, 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP ACE FC 32.57)	Change
THE AT DELETE	Change Addition
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TITLE DELETE 6.1 TITLE	Change Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. Life hereby certify that the information supplied with this filling does not qualify for the examption stated in Section 119 07(3Vi). Florida Statutes Little	

I do mereby destiny that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. Further definity 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 ooth; that I am an officer or director of the corporation or the receiver or trustee or powered 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.

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