

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727673

Entity Name: TEMPLE OF FAITH, INCORPORATED**Current Principal Place of Business:**1028 MARVIN C. ZANDERS AVE
APOPKA, FL 32703**Current Mailing Address:**1028 MARVIN C. ZANDERS AVE
APOPKA, FL 32703 US**FEI Number:** 23-7335580**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWN, CHARLES F
102 W G H WASHINGTON ST
APOPKA, FL 32703 US*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:** CHARLES F BROWN

04/27/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, PASTOR
Name BROWN, CHARLES F
Address 102 W G H WASHINGTON ST
City-State-Zip: APOPKA FL 32703

Title TREASURER
Name STEWART, EARNEST
Address 325 EAST 14TH ST
City-State-Zip: APOPKA FL 32703

Title DEACON
Name CHANDLER, BENJAMIN
Address 501 COLUMBIA STREET
City-State-Zip: ALTAMONTE SPRINGS FL 32712

Title DEACON
Name JOHNSON, MICHAEL
Address 6217 SUNSHINE ST
City-State-Zip: ORLANDO FL 32808

Title DEACON
Name PATTERSON, GREGORY
Address 3444 HARRY ST
City-State-Zip: APOPKA FL 32712

Title MINISTER
Name ROUSE, ERIC SR.
Address 223 WEST 12TH ST
City-State-Zip: APOPKA FL 32703

Title SECRETARY
Name GOODMAN, ROSEMARIE
Address 1715 MERCY DR
 APT 304
City-State-Zip: ORLANDO FL 32808

I hereby 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 all other like empowered.

SIGNATURE: ROSEMARIE GOODMAN**SECRETARY**

04/27/2025

Electronic Signature of Signing Officer/Director Detail

Date