

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760719

Entity Name: FAITH TEMPLE HOLINESS CHURCH OF GOD IN CHRIST, INC.**Current Principal Place of Business:**303 N. DR ML KING BLVD
LAKE WALES, FL 33853**Current Mailing Address:**P.O. BOX 904
LAKE WALES, FL 33859-0904 US**FEI Number: 74-2594314****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SMILEY, JOHNNY L.
145 W. ORANGE AVE
LAKE WALES, FL 33853-4010 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PM
Name	SMILEY, JOHNNY L.
Address	145 W. ORANGE AVE
City-State-Zip:	LAKE WALES FL 33853-4010

Title	SDT
Name	SMILEY, ELIZABETH G.
Address	145 W. ORANGE AVE
City-State-Zip:	LAKE WALES FL 33853

Title	TRUSTEE
Name	COBB, LOIS S
Address	P O BOX 7201
City-State-Zip:	INDIAN LAKES ESTATES FL 33855

Title	DEACON
Name	JOHNSON, WILLIE
Address	439 ALABAMA ST
City-State-Zip:	LAKE WALES FL 33853

Title	DEACON
Name	DAVIS, ALVAH
Address	307 "C" ST
City-State-Zip:	LAKE WALES FL 33853

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: ELIZABETH G. SMILEY**SDT****01/09/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date