

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000007276

**Entity Name:** MAJESTIC TEMPLE OF FAITH MINISTRIES INC.

**Current Principal Place of Business:**

1851 RAFTON RD  
APOPKA, FL 32703

**Current Mailing Address:**

P.O. BOX 462  
APOPKA, FL 32703 US

**FEI Number:** 26-0566111

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MULLINS, LINDA AAPOSTLE  
1851 RAFTON RD  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DIR  
Name            MULLINS, ERIC L DR.  
Address        1851 RAFTON RD  
City-State-Zip: APOPKA FL 32703

Title            DIR  
Name            MULLINS, LINDA A DR.  
Address        1851 RAFTON RD  
City-State-Zip: APOPKA FL 32703

Title            O  
Name            SMITH, JACQUELINE OFFICER  
Address        2342 CHEROKEE COVE TRAIL  
City-State-Zip: JACKSONVILLE FL 32221

Title            O  
Name            BRINSON, JEROME OFFICER  
Address        1068 S.W. MANTILLA AVE.  
City-State-Zip: PORT ST. LUCIE FL 34953

Title            O  
Name            GEFFRARD, ERICA A  
Address        4109 KALWIT LANE  
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:** DR. LINDA A. MULLINS

**PASTOR**

**04/26/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date