

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30043

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC6862165481**

**Entity Name:** THE SALVATION AND PRAISE TEMPLE OF FAITH, INC.

**Current Principal Place of Business:**

324 NW 16TH PLACE  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

324 NW 16TH PLACE  
C/O JOHNNY L ZANDERS  
POMPANO BEACH, FL 33060 US

**FEI Number:** 65-0114888

**Certificate of Status Desired:** No

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

ZANDERS, JOHNNY L.  
324 NW 16TH PLACE  
POMPANO BEACH, FL 33060 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 PD  
Name ZANDERS, JOHNNY L  
Address 324 NW 16TH PLACE  
City-State-Zip: POMPANO BEACH FL 33060

Title DVP  
Name CORENE, FORD  
Address 2330 NW 6TH STREET  
City-State-Zip: POMPANO BEACH FL 33060

Title DT  
Name ZANDERS, DEBORAH C  
Address 324 NW 16TH PLACE  
City-State-Zip: POMPANO BEACH FL 33060

Title D  
Name BORDEN, BETTY J  
Address 1470 SW 15TH STREET APT # 203  
City-State-Zip: DEERFIELD BEACH FL 33441

Title DIRECTOR  
Name WILLIAMS, JESSIE M.  
Address 2860 N.W. 6TH CT.  
City-State-Zip: POMPANO BEACH, FL 33069

*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:** JOHNNY L. ZANDERS SR.

PD

04/28/2014

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

\_\_\_\_\_  
Date