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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 706044					
1. Corporation Name TEMPLE TERRACE FAITH ASSEMBLY OF GOD, INC.					
Principal Place of Business 8525 N 78 STREET TEMPLE TERRACE FL 33637 US			Mailing Address 8525 N 78 STREET TEMPLE TERRACE FL 33637 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/15/1963	
4. FEI Number 59-1089820		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent MOORE, LARRY 10410 ELBERTON AVE THONOTOSASSA FL 33092			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <u>Larry Moore (LARRY MOORE)</u> DATE <u>2-3-99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DS <input checked="" type="checkbox"/> DELETE NAME GONZALEZ, DAVE STREET ADDRESS 8511 MISTY RIVER COURT CITY-ST-ZIP TAMPA FL			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME DS- 1.3 STREET ADDRESS McLEAN, ROBERT 1.4 CITY-ST-ZIP 28940 LONG MEADOW LOOP TAMPA, FL		
TITLE D <input type="checkbox"/> DELETE NAME PALMER, EMBRY STREET ADDRESS 506 W 129 STREET CITY-ST-ZIP TAMPA FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME GATES, JIM STREET ADDRESS 8730 SPRINGTREE DR CITY-ST-ZIP TAMPA FL 33617			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE P <input type="checkbox"/> DELETE NAME MOORE, REV LARRY STREET ADDRESS 7913 RIVER RIDGE DR CITY-ST-ZIP TEMPLE TERR FL			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE DT <input type="checkbox"/> DELETE NAME CORLEY, ROBERT STREET ADDRESS 62 FOUNTAIN ST CITY-ST-ZIP THONOTOSASSA FL 33592			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME BURROWS, RICHARD STREET ADDRESS 6407 49TH ST CITY-ST-ZIP TAMPA FL 33610			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Larry Moore (LARRY MOORE) DATE 2-3-99 813-988-7925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)