


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 718613 1. Entity Name FAITH TEMPLE TRUE HOLINESS CHURCH, INC.			
Principal Place of Business		Mailing Address	
3054 NW 62 ST MIAMI FL 33147 US		% NEW MAILEY ODD. 1900 N.W. 131ST. MIAMI FL 33167-1436	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Country		Country	
4. FEI Number		Applied For	
59-1766632		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUTLER, REV. JAMES 1218 N.W. 41ST ST. MIAMI FL 33142		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. 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. I am familiar with, and accept, the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BUTLER, JAMES	NAME	
STREET ADDRESS	1900 NW 131 ST	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33167	CITY - ST - ZIP	
TITLE	SP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BUTLER, HATTIE	NAME	
STREET ADDRESS	1900 NW 131 ST	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33167	CITY - ST - ZIP	
TITLE	EVAN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SPENCER, DOROTHY	NAME	
STREET ADDRESS	2745 N.W. 208TH TERR.	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	CITY - ST - ZIP	
TITLE	ELDR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SPENCER, ISSAC	NAME	
STREET ADDRESS	2745 N.W. 208TH TERR.	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	CITY - ST - ZIP	
TITLE	HUPW <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MCGREGOR, DELORIS	NAME	
STREET ADDRESS	1131 NW 46 ST	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33127	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	



1st MOORE CR2E037 (10/06)

4. FEI Number **59-1766632** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hattie Butler S.P. 2-7-07 30568125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR