

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 MAY 19 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # 719222 (2)

1. Corporation Name
FAITH TEMPLE, INC.

Principal Place of Business 950 5TH AVE S BOX 22 ST. PETERSBURG FL 33705	Mailing Address 950 5TH AVE S BOX 22 ST. PETERSBURG FL 33705
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/01/1970	3a. Date of Last Report 03/15/1994
4. FEI Number 59-0722784	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 Post Office Box 22
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 St. Petersburg, Fl.
Zip 24	Country 25
Zip 29 33731	Country 30

9. Name and Address of Current Registered Agent

**JOHN, ROBINSON ATTORNEY
6500 CENTRAL AVE
ST PETERSBURG, FL
33708**

10. Name and Address of New Registered Agent

81 Name Barbara Reynolds Vice President
82 Street Address (P.O. Box Number is Not Acceptable) 7430 - 34th St. So. Apt. 601E
83 City St. Petersburg FL
85 Zip Code 33711

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE Barbara J. Reynolds *Barbara J. Reynolds* **4-24-95**
(Signature must be printed name of registered agent or director) (NOTE: Registered Agent signature required when updating) DATE

12. OFFICERS AND DIRECTORS

TITLE P	NAME NELSON, BEN
STREET ADDRESS 7880 45TH ST NO	CITY - ST - ZIP PINELLAS PARK FL
TITLE ST	NAME NELSON, NANCY M.
STREET ADDRESS 7880 45TH STREET NORTH	CITY - ST - ZIP PINELLAS PARK FL
TITLE D	NAME AUSTIN, MARIE
STREET ADDRESS 6014 SHERIDAN ROAD	CITY - ST - ZIP TAMPA FL
TITLE D	NAME WHEELS, RAY D
STREET ADDRESS 501 40TH AVE NORTH	CITY - ST - ZIP ST PETERSBURG FL
TITLE D	NAME SCHULTZ HARRY
STREET ADDRESS 648 FOLSOM	CITY - ST - ZIP ST PETERSBURG FL
TITLE D	NAME GRIFFIN, BRUCE
STREET ADDRESS 918 ALCAZAR WAY S.	CITY - ST - ZIP ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Barbara Reynolds	
1.3 STREET ADDRESS 7430 - 34th Street South	
1.4 CITY - ST - ZIP St. Petersburg, Fl. 33711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

900001497955
-05/24/95--01038--010
******155.00 *****77.50**

955
5/19/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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. 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.

SIGNATURE: Barbara Reynolds *Barbara Reynolds* **April 24, 1995 (813) 867-**
(Signature and type on printed name of filing officer or director) (Date) (System Name) 3182