

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: P.O. BOX 22, ST. PETERSBURG FL 33711

3. Date Incorporated or Qualified: 09/01/1970  
3a. Date of Last Report: 05/19/1995  
4. FEI Number: 59-0722784  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip, Country

9. Name and Address of Current Registered Agent  
**REYNOLDS BARBARA  
7430-34TH ST. SO. APT. 601E  
ST. PETERSBURG FL 33711**

10. Name and Address of New Registered Agent (81-85)  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, BEN	1.2 NAME	V/D BARBARA L. REYNOLDS
STREET ADDRESS	7880 45TH ST NO	1.3 STREET ADDRESS	7430 SUNSHINE SKYWAY LANE SO. APT. 601
CITY-ST-ZIP	PINELLAS PARK FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33711
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, NANCY M.	2.2 NAME	
STREET ADDRESS	7880 45TH STREET NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, MARIE	3.2 NAME	
STREET ADDRESS	6014 SHERIDAN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELS, RAY D	4.2 NAME	
STREET ADDRESS	501 40TH AVE NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ HARRY	5.2 NAME	
STREET ADDRESS	648 FOLSOM	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, BRUCE	6.2 NAME	
STREET ADDRESS	918 ALCAZAR WAY S.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	

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J.M.M.  
3-12-96

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 119.07(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; 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.

SIGNATURE: *Barbara Reynolds*  
DATE: 2-20-96  
DAYTIME PHONE: 867-3182

CR2E037 (12/95)