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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REYNOLDS BARBARA  
7430-34TH ST. SO. APT. 601E  
ST. PETERSBURG FL 33711

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

Signature, typed or printed name of registered agent and title if applicable

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME NELSON, BEN  
STREET ADDRESS 7880 45TH ST NO  
CITY-ST-ZIP PINELLAS PARK FL

TITLE ST ☐ DELETE

NAME NELSON, NANCY M.  
STREET ADDRESS 7880 45TH STREET NORTH  
CITY-ST-ZIP PINELLAS PARK FL

TITLE D ☒ DELETE

NAME AUSTIN, MARIE  
STREET ADDRESS 6014 SHERIDAN ROAD  
CITY-ST-ZIP TAMPA FL

TITLE D ☒ DELETE

NAME WHEELER, RAY D  
STREET ADDRESS 501 40TH AVE NORTH  
CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☐ DELETE

NAME SCHULTZ HARRY  
STREET ADDRESS 648 FOLSUM  
CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☐ DELETE

NAME GRIFFIN, BRUCE  
STREET ADDRESS 918 ALCAZAR WAY S.  
CITY-ST-ZIP ST. PETERSBURG FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V/D ☐ Change ☒ Addition

BARBARA L. REYNOLDS  
7430 SUNSHINE SKYWAY LANE SO. APT. 601  
ST. PETERSBURG, FL 33711

☐ Change ☐ Addition

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)