

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 23 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **719222** (2)

1. Corporation Name

**FAITH TEMPLE, INC.**

Principal Place of Business

Mailing Address

**850 5TH AVE S  
BOX 22  
ST. PETERSBURG FL 33705**

**P.O. BOX 22  
ST. PETERSBURG FL 33711**

3. Date Incorporated or Qualified

**09/01/1970**

4. FEI Number

**59-0722784**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

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 **VD**  
NAME **REYNOLDS, BARBARA L.**  
STREET ADDRESS **7430 SUNSHINE SKYWAY LANE S. APT. 601**  
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE **D**  
NAME **SCHULTZ, HARRY**  
STREET ADDRESS **648 FOLSUM**  
CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

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

**D  
George Fink  
4310 16th Ave. No.  
St. Petersburg, FL 33713**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: 

3-12-98

(813)  
867-3182

CP2E037 (10/97)