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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 719222

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

09/01/1970

4. FEI Number

59-0722784

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 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

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 VD  DELETE

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

TITLE D  DELETE

NAME FINK, GEORGE  
 STREET ADDRESS 4310 16TH AVE N  
 CITY-ST-ZIP ST PETERSBURG FL 33713

TITLE D  DELETE

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

1.1 TITLE  Change  Addition

1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/99 867-3182  
 Date Daytime Phone #

CR2E037 (11/98)