

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90284 026 ****61.25



DOCUMENT # 719222

1. Entity 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**



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0722784

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **STD** Delete
NAME **NELSON, NANCY M.**
STREET ADDRESS **156 MELODY LANE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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

TITLE **VD** Delete
NAME **FINK, GEORGE**
STREET ADDRESS **8012 BLIND PASS RD #8**
CITY-ST-ZIP **SAINT PETERSBURG FL 33706**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **VD Fink, George**
STREET ADDRESS **8001 Blind Pass Rd. Apt. 13**
CITY-ST-ZIP **St. Pete Beach, Fl. 33706**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

[Handwritten] 3-30-04 *(727)* 867-3182
Date Daytime Phone #