2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 729296

1. Entity Name
FAITH UNITED MIRACLE TEMPLE, INC.

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Principal Place of Business	Mailing Address
1860 WEST 5TH STREET JACKSONVILLE, FL 32209	C/O S. A. WILLIAMS 7947 REID AVE. JACKSONVILLE, FL 32208

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06232006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-2846245 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENJAMIN, DESSO BISHOP 5245 ARCHERY AVE JACKSONVILLE, FL 32208	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

Amended AR is $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	D	☐ Change ☑ Addition
NAME	PENDER, HORACE		NAME	HALL, SANCHEZ	
STREET ADDRESS	3117 HARTRIDGE ST		STREET ADDRESS	5124 ROANOKE BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32258		CITY-ST-ZIP	JACKSONVILLE, FL. 32208	
TITLE	DP	☐ Delete	TITLE	D	☐ Change ☑ Addition
NAME	BENJAMIN, DESSO		NAME	REED, PATRICIA	
STREET ADDRESS	5245 ARCHERY AVE.		STREET ADDRESS	9405 LITTLE JOHN RD,	
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP	JACKSONVILLE, FL, 32208	
TITLE	D	☑ Delete	TITLE	D VP	☑ Change ☐ Addition
NAME	BENJAMIN, MILDRED		NAME	BENJAMIN, MILDRED	
STREET ADDRESS	5245 ARCHERY AVE.		STREET ADDRESS	5245 ARCHERY AVE.	
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP	JACKSONVILLE, FL. 32208	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☑ Addition
NAME	WILLIAMS, SHIRLEY A		NAME	~~SH~~ WILLIAMS, SANDRA	
STREET ADDRESS	7947 REID AVE		STREET ADDRESS	3146 MARLAND ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	T	☑ Delete	TITLE	D	☐ Change ☑ Addition
NAME	HOBBS, LASHUN		NAME	HOWARD, ANTHONY ~~[illegible]~~	
STREET ADDRESS	1333 DUNN AVE		STREET ADDRESS	9010 BERENS ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, ROSEMARY		NAME	800078232248	
STREET ADDRESS	1602 POWHATTAN ST.		STREET ADDRESS	08/01/06--01050--004 **61.25	
CITY-ST-ZIP	JACKSONVILLE, FL. 32209		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] / Shirley A. Williams July 17, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #