

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729296

FILED
Aug 28, 2008
Secretary of State

Entity Name: FAITH UNITED MIRACLE TEMPLE, INC.

Current Principal Place of Business:

1860 WEST 5TH STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1860 WEST 5TH STREET
7947 REID AVE.
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-2846245 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BENJAMIN, DESSO BISHOP
5245 ARCHERY AVE
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PENDER, HORACE
Address: 3117 HARTRIDGE ST
City-St-Zip: JACKSONVILLE, FL 32258

Title: DP () Delete
Name: BENJAMIN, DESSO
Address: 5245 ARCHERY AVE.
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD () Delete
Name: BENJAMIN, MILDRED
Address: 5245 ARCHERY AVE.
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: WILLIAMS, SHIRLEY A
Address: 7947 REID AVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: T () Delete
Name: HOBBS, LASHUN
Address: 1333 DUNN AVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: WILLIAMS, ROSEMARY
Address: 1602 POWHALLAN ST.
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HOBBS, LASHUN
Address: 2926 QUAIL AVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LASHUN HOBBS

T

08/28/2008

Electronic Signature of Signing Officer or Director

Date