

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -5 PM 1:04

DOCUMENT # 730320

1. Entity Name
FAITH TEMPLE OF JESUS CHRIST, INC.



Principal Place of Business
2045 OSCEOLA STREET
QUINCY, FL 32351-4014

Mailing Address
2045 OSCEOLA STREET
QUINCY, FL 32351-4014



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05052008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
05-0025100

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

7. Name and Address of New Registered Agent

JOHNSON, MADISON
2045 OSCEOLA STREET
QUINCY, FL 32351

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

Filing Fee is \$61.25
Due by September 12, 2008

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 T
NAME DIXON, STARRETHA ☒ Delete
STREET ADDRESS RT 6 BOX 92
CITY-ST-ZIP QUINCY, FL 32351

TITLE T
NAME Deling Melroy Johnson ☐ Change ☒ Addition
STREET ADDRESS 2045 Osceola St
CITY-ST-ZIP Quincy FL 32351

TITLE T
NAME JOHNSON, MADISON JR ☐ Delete
STREET ADDRESS 2045 OSCEOLA STREET
CITY-ST-ZIP QUINCY, FL 323514014

TITLE T
NAME JOHNSON, MADISON JR ☐ Change ☐ Addition
STREET ADDRESS 2045 OSCEOLA STREET
CITY-ST-ZIP QUINCY, FL 323514014

TITLE D
NAME MOBLEY, OLLIE M ☒ Delete
STREET ADDRESS 224 BRADLEY STREET
CITY-ST-ZIP QUINCY, FL 32351

TITLE D
NAME Pearl Baker ☐ Change ☒ Addition
STREET ADDRESS P.O. Box 1593
CITY-ST-ZIP Quincy FL 32351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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 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:

Madison Johnson Sr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #