

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 12:20

DOCUMENT # 733142 (4)

1. Corporation Name

FAITH TEMPLE ASSEMBLY OF GOD, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 504 MICHIGAN AVE. PENSACOLA FL 32505	Mailing Address 504 MICHIGAN AVE. PENSACOLA FL 32505
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3. Date Incorporated or Qualified 06/23/1975	3a. Date of Last Report 02/03/1994
4. FEI Number 59-2513908	Applied For Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WILKINS RANDALL
4408 GUERLAIN WAY
PENSACOLA FL 32505**

10. Name and Address of New Registered Agent

81 Name	REV. JULIAN C. WALKER
82 Street Address (P.O. Box Number is Not Acceptable)	5222 CHIMES WAY
83	
84 City	PENSACOLA, FL
85 Zip Code	32505

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE *Rev. Julian C. Walker* **REV. JULIAN C. WALKER** **APRIL 7, 1995**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALKER, JULIAN C
STREET ADDRESS	5222 CHIMES WAY
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	MCLEOD, BILLY D.
STREET ADDRESS	2315 MERLE CIRCLE
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	TAYLOR, CHARLES
STREET ADDRESS	915 E. HATTON STREET
CITY-ST-ZIP	PENSACOLA FL
TITLE	S
NAME	WILKINS, RANDALL
STREET ADDRESS	4408 GUERLAIN WAY
CITY-ST-ZIP	PENSACOLA FL
TITLE	T
NAME	JOHNSON, JAMES E.
STREET ADDRESS	5438 EVERGREEN RD.
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	WILLIAMS, BILLY G.
STREET ADDRESS	907 CRYSTAL SPRINGS AVER
CITY-ST-ZIP	PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	TERRY FARRINGTON
23 STREET ADDRESS	1246 MIDWAY DR
24 CITY-ST-ZIP	CANTONMENT, FL 32533
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	D
33 STREET ADDRESS	JOE MONTEITH
34 CITY-ST-ZIP	6342 CONFEDERATE DR PENSACOLA, FL 32505
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	S/D
43 STREET ADDRESS	JAMES R. WOOD
44 CITY-ST-ZIP	10450 VINEYARD LANE PENSACOLA, FL 32534
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	T/D
53 STREET ADDRESS	HENRY HOOMES
54 CITY-ST-ZIP	7831 TIPPIN APT. C-11 PENSACOLA, FL 32514
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: *Rev. Julian C. Walker* **REV. JULIAN C. WALKER** **4/7/95** **904 432-6911**

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