

FILE NOW: FILING FEE IS \$61.25

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Apr 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 733142 (4)  
1. Corporation Name

FAITH TEMPLE ASSEMBLY OF GOD, INC.



Principal Place of Business: 504 MICHIGAN AVE. PENSACOLA FL 32505  
Mailing Address: 504 MICHIGAN AVE. PENSACOLA FL 32505-2413

3. Date Incorporated or Qualified: 06/23/1975  
3a. Date of Last Report: 03/27/1996  
4. FEI Number: 59-2513908  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, JULIAN C REV  
5222 CHIMES WAY  
PENSACOLA FL 32505

81 Name: Rev. Julian C. Walker  
82 Street Address (P.O. Box Number is Not Acceptable): 7700 Le Grande Drive  
83  
84 City: Pensacola FL 85 Zip Code: 32514

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	WALKER, JULIAN C
STREET ADDRESS	5222 CHIMES WAY
CITY-ST-ZIP	PENSACOLA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FARRINGTON, TERRY
STREET ADDRESS	1673 EAGLE STREET
CITY-ST-ZIP	CANTONMENT FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MONTEITH, JOE
STREET ADDRESS	6342 CONFEDERATE DRIVE
CITY-ST-ZIP	PENSACOLA FL
TITLE	S <input type="checkbox"/> DELETE
NAME	WOOD, JAMES
STREET ADDRESS	10450 VINEYARD LANE
CITY-ST-ZIP	PENSACOLA FL
TITLE	T <input type="checkbox"/> DELETE
NAME	HOOMES, HENRY
STREET ADDRESS	7831 TIPPIN AVENUE
CITY-ST-ZIP	PENSACOLA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WILLIAMS, BILLY G.
STREET ADDRESS	907 CRYSTAL SPRINGS AVER
CITY-ST-ZIP	PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rev. Julian C. Walker
1.3 STREET ADDRESS	7700 LeGrande Drive
1.4 CITY-ST-ZIP	Pensacola, FL 32514
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)