

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 12, 2000 08:00 AM
Secretary of State

DOCUMENT # 733142

1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 59-2513908	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 WALKER JULIAN CREV
 7700 LE GRANDE DRIVE
 PENSACOLA FL 32514 US

7. Name and Address of New Registered Agent
 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.
 SIGNATURE _____ DATE **09/12/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GOODRICH VERN	
STREET ADDRESS	1841 HALLMARK LN.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILKINS RANDALL	
STREET ADDRESS	2190 INDA AVE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	S	<input type="checkbox"/> Delete
NAME	WOOD JAMES	
STREET ADDRESS	10450 VINEYARD LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOCZ AARON	
STREET ADDRESS	7913 TERRILYNN LN.	
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	P	<input type="checkbox"/> Delete
NAME	WALKER JULIAN CREV	
STREET ADDRESS	7700 LEGRANDE DRIVE	
CITY-ST-ZIP	PENSACOLA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD JAMES	
STREET ADDRESS	10031 ASHTON BROSNAHAM ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCZ AARON	
STREET ADDRESS	7913 TERRILYNN LN.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRINGTON TERRY	
STREET ADDRESS	1805 W. TEN MILE ROAD	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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.

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