

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733142

FILED
Feb 27, 2007
Secretary of State

Entity Name: FAITH TEMPLE ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

5501 NORTH
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

5501 NORTH
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 59-2513908 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, JULIAN C REV
108 MT. PILOT DR.
CANTONMENT, FL 32533 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: P () Delete
Name: WALKER, JULIAN C REV
Address: 108 MT. PILOT DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: FARRINGTON, TERRY
Address: 601 BARDSTOWN STREET
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: GODWIN, ANDY
Address: 2143 PINE LEVEL CHURCH ROAD
City-St-Zip: JAY, FL 32565

Title: V () Delete
Name: WOOD, JAMES REV
Address: 106 MT. PILOT STREET
City-St-Zip: CANTONMENT, FL 32533

Title: T () Delete
Name: WATKINS, ROGER
Address: 1032 BONITA DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: GODWIN, ANDREW
Address: 2143 PINE LEVEL CHURCH RD.
City-St-Zip: JAY, FL 32565

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIAN C. WALKER

P

02/27/2007

Electronic Signature of Signing Officer or Director

_____ Date