2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#733142

Entity Name: FAITH TEMPLE ASSEMBLY OF GOD, INC.

FILED May 09, 2003 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
504 MICHIGAN AVE. PENSACOLA, FL 32505				5501 NORTH "W" STREET PENSACOLA, FL 32505	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
504 MICHIGAN AVE. PENSACOLA, FL 32505				5501 NORTH "W" STREET PENSACOLA, FL 32505	
FEI Number:	: 59-2513908	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cui	rent Registered Agent:	Name and Addres	ss of New Registered Agent:	
108 MT. PI CANTONN The above	MENT, FL 32533 named entity sub e of Florida.	US omits this statement for the po	urpose of changing its regist	ered office or registered agent, or both,	
SIGNATOR		Signature of Registered Age	nt	 Date	
OFFICERS	S AND DIRECTO			NGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () De WALKER, JULIAN 108 MT. PILOT DE CANTONMENT, FL	C REV NVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () De FARRINGTON, TE 1805 W. TEN MIL CANTONMENT, FL	RRY E ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () De BOCZ, AARON 2357 AMELIA LAN PENSACOLA, FL	E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () De WOOD, JAMES R 10031 ASHTON BI PENSACOLA, FL	EV ROSNAHAM ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () De WATKINS, ROGEF 1032 BONITA DRI' PENSACOLA, FL	R √E	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () De POWELL, MARVIN 8340 HITCHCOCK PENSACOLA, FL	I DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REV. JAMES R. WOOD VP 05/09/2003