

# 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

DOCUMENT # 734420 (3)

1. Corporation Name

GREATER FAITH TEMPLE CHURCH OF GOD IN CHRIST INC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:22

|                                            |                                            |
|--------------------------------------------|--------------------------------------------|
| Principal Place of Business                | Mailing Address                            |
| 11775 130TH AVENUE NORTH<br>LARGO FL 33540 | 11775 130TH AVENUE NORTH<br>LARGO FL 33540 |

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                |                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| 3. Date Incorporated or Qualified<br>11/24/1975                                                                                                                | 3a. Date of Last Report<br>03/04/1994    |
| 4. FEI Number<br>NOT APPLICABLE                                                                                                                                | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired<br>N/A                                                                                                                        | \$8.75 Additional<br>Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br>N/A                                                                                               | \$5.00 May Be<br>Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status<br><input checked="" type="checkbox"/>                                                                    | \$68.75 Supplemental<br>Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                          |

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

|                                                                      |
|----------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent                      |
| BLAIR, ROGERS J.<br>1919 35TH STREET SOUTH<br>ST PETERSBURG FL 33711 |

|                                                        |
|--------------------------------------------------------|
| 10. Name and Address of New Registered Agent           |
| 81. Name<br>SAME                                       |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83.                                                    |
| 84. City                                               |
| 85. Zip Code<br>FL                                     |

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 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS |                     |
|----------------------------|---------------------|
| TITLE                      | DPV                 |
| NAME                       | BLAIR, ROGERS J.    |
| STREET ADDRESS             | 1919-35 STREET S.   |
| CITY - ST - ZIP            | ST PETERSBURG FL    |
| TITLE                      | D                   |
| NAME                       | SNELL, THOMAS G.    |
| STREET ADDRESS             | 2600-1ST AVENUE S.  |
| CITY - ST - ZIP            | ST PETERSBURG FL    |
| TITLE                      | D                   |
| NAME                       | LLOYD, JIM          |
| STREET ADDRESS             | 13134-119TH ST. NO. |
| CITY - ST - ZIP            | LARGO FL            |
| TITLE                      | DST                 |
| NAME                       | HOLMES, KATIE       |
| STREET ADDRESS             | 13115-110 STREET N. |
| CITY - ST - ZIP            | LARGO FL            |
| TITLE                      |                     |
| NAME                       |                     |
| STREET ADDRESS             |                     |
| CITY - ST - ZIP            |                     |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME                                              |                                                                   |
| 1.3 STREET ADDRESS                                    |                                                                   |
| 1.4 CITY - ST - ZIP                                   |                                                                   |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if that is the case, or on an addendum with an address.

SIGNATURE: Rev. Rogers Blair 1-26-95 813-327-3998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #