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Apr 22 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 # 737096 (8)
1. Corporation Name
FAITH TEMPLE ASSEMBLY OF GOD, INC., OF PLANT CITY, FLORIDA



Principal Place of Business: 4240 FRONTAGE RD. N. PLANT CITY FL 33565-9404
Mailing Address: 4240 FRONTAGE RD. N. PLANT CITY FL 33565-2547

3. Date Incorporated or Qualified: 10/21/1976
3a. Date of Last Report: 04/25/1996
4. FEI Number: 59-1453436
Applied For: Not Applicable
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 Suite, Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: TRINKLE, ROBERT S. 306 WEST REYNOLDS ST. PLANT CITY FL
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83: 84 City: FL 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: S NAME: ALMON, GAYLE STREET ADDRESS: 3012 E WILLIAMS RD CITY-ST-ZIP: PLANT CITY FL	<input type="checkbox"/> DELETE	1.1 TITLE: D 1.2 NAME: ALMON, SCOTT 1.3 STREET ADDRESS: 3923 WOODBURN LOOP E 1.4 CITY-ST-ZIP: LAKELAND, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V NAME: FUTCH, FRANK W STREET ADDRESS: 7018 O'DONIEL LOOP W CITY-ST-ZIP: LAKELAND FL	<input type="checkbox"/> DELETE	2.1 TITLE: D 2.2 NAME: WALDRON, PHIL 2.3 STREET ADDRESS: 4811 N. GALLAGHER RD. 2.4 CITY-ST-ZIP: PLANT CITY, FL 33565	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: SULLIVAN, E W STREET ADDRESS: 4270 FRONTAGE RD NO CITY-ST-ZIP: PLANT CITY FL	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HORNER, WILLIAM STREET ADDRESS: 5210 SHADY OAK DR SO CITY-ST-ZIP: LAKELAND FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BURNETT, JUNE STREET ADDRESS: 3801 WILDER LOOP CITY-ST-ZIP: PLANT CITY FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WATSON, JOSEPH STREET ADDRESS: 3547 COLLEEN DR CITY-ST-ZIP: LAKELAND FL	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Gayle Almon 4-14-97 813-752-0532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046 103

CR2E037 (9/96)