


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 13, 2005 08:00 AM
Secretary of State**

DOCUMENT # 737096 1. Entity Name FAITH TEMPLE ASSEMBLY OF GOD, INC., OF PLANT CITY, FLORIDA	
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Principal Place of Business 4240 FRONTAGE RD, N. PLANT CITY, FL 33565-9404	Mailing Address 4240 FRONTAGE RD, N. PLANT CITY, FL 33565-9404
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1453436	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TRINKLE, ROBERT S 306 WEST REYNOLDS ST. PLANT CITY, FL
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>	DATE _____
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**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALMON, GAYLE 3012 E WILLIAMS RD PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FUTCH, FRANK W 7018 O'DONIEL LOOP W LAKE LAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SULLIVAN, E W 4270 FRONTAGE RD NO PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMON, SCOTT 3923 WOODBURN LOOP E LAKE LAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNER, JACK 4007 PINDA PALM CT PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, EUGENE 4730 KNIGHTS STATION RD LAKE LAND, FL 33801

000000180300
01/13/05-80053-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  E.W. Sullivan	1-10-05	(813) 752-0532
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>