

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 737096**

1. Entity 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 33565-9404**

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1453436</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**TRINKLE, ROBERT S  
306 WEST REYNOLDS ST.  
PLANT CITY, FL**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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 LAKELAND, 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 LAKELAND, 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 LAKELAND, FL 33801

U00000591340  
01/19/07-80017-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Gayle Almon Secretary* **GAYLE ALMON**

**1-16-07**

**(813) 752-0532**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #