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Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737939 (9)

1. Corporation Name

UNITED FAITH MISSIONARY TEMPLE, INC.



Principal Place of Business

4435 TERESA BLVD
ORLANDO FL 32811
US

Mailing Address

4435 TERESA BLVD.
PO BOX 555458
ORLANDO FL 32811-4220
US3. Date Incorporated or Qualified
01/28/19773a. Date of Last Report
02/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-1730595

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☐ No

9. Name and Address of Current Registered Agent

ELDRIGE, WILLIE
4435 TERESA BLVD.
P.O. BOX 5458
ORLANDO FL 32811

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ELDRIDGE, WILLIE
STREET ADDRESS 565 TREASA BLVD.
CITY-ST-ZIP ORLANDO FL ☐ DELETETITLE VD
NAME MASSEY, NAPOLEON
STREET ADDRESS 4809 WELLESLEY DR.
CITY-ST-ZIP ORLANDO FL ☐ DELETETITLE T
NAME MASSEY, DOROTHY
STREET ADDRESS 4809 WELLESLEY DR.
CITY-ST-ZIP ORLANDO FL ☐ DELETETITLE D
NAME GUY, DELLIE W
STREET ADDRESS 1021 WINTER BERRY LN.
CITY-ST-ZIP ORLANDO FL ☐ DELETETITLE S
NAME MCNABB, TENA
STREET ADDRESS 5121 DANNY BOY CIRCLE
CITY-ST-ZIP ORLANDO FL ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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: Willie Eldridge *Willie Eldridge* January 10-1997 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0017166

CR2E037 (9/96)