

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90060 009 ****70.00

DOCUMENT # 737939



1. Entity Name
UNITED FAITH MISSIONARY TEMPLE, INC.

Principal Place of Business
**619 CONLEY STREET
ORLANDO, FL 32805 US**

Mailing Address
**4609 WELLESLEY DRIVE
ORLANDO, FL 32818**

24021442



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1730595

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MASSEY, NAPOLEON~~
**4609 WELLESLEY DRIVE
ORLANDO, FL 32818**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Napoleon Massey

3 10 04

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MASSEY, NAPOLEON | |
| STREET ADDRESS | 4609 WELLESLEY DRIVE | |
| CITY-ST-ZIP | ORLANDO, FL 32818 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | MASSEY, DORETHA | |
| STREET ADDRESS | 4609 WELLESLEY DR. | |
| CITY-ST-ZIP | ORLANDO, FL 32818 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TURNER, MAGGIE | |
| STREET ADDRESS | 523 W. JACKSON STREET, APT. 110 | |
| CITY-ST-ZIP | ORLANDO, FL 32805 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MCNABB, TENA | |
| STREET ADDRESS | 5121 DANNY BOY CIRCLE | |
| CITY-ST-ZIP | ORLANDO, FL 32808 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | BRINSON, CARL | |
| STREET ADDRESS | 5396 BOTANY COURT | |
| CITY-ST-ZIP | ORLANDO, FL 32811 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|-------------------------------------------------------------------|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Napoleon Massey

Date

Daytime Phone #

3/10/04