

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90048 016 ****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**

50032535



2. Principal Place of Business

UNITED FAITH MISSIONARY TEMPLE

Suite, Apt. #, etc.

630 EMERALDA RD

City & State

ORLANDO

Zip

32808

Country

ORANGE

3. Mailing Address

Suite, Apt. #, etc.

106

City & State

FLA

Zip

Country

03162005

Chg-NP

CR2E037 (10/03)

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

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

7. Name and Address of New Registered Agent

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

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, 2005**

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
NAME MASSEY, NAPOLEON
STREET ADDRESS 4609 WELLESLEY DRIVE
CITY-ST-ZIP ORLANDO, FL 32818 ☐ Delete

TITLE T
NAME MASSEY, DORETHA
STREET ADDRESS 4609 WELLESLEY DR.
CITY-ST-ZIP ORLANDO, FL 32818 ☐ Delete

TITLE D
NAME TURNER, MAGGIE
STREET ADDRESS 523 W. JACKSON STREET, APT. 110
CITY-ST-ZIP ORLANDO, FL 32805 ☒ Delete

TITLE S
NAME MCNABB, TENA
STREET ADDRESS 5121 DANNY BOY CIRCLE
CITY-ST-ZIP ORLANDO, FL 32808 ☐ Delete

TITLE VD
NAME BRINSON, CARL
STREET ADDRESS 5396 BOTANY COURT
CITY-ST-ZIP ORLANDO, FL 32811 ☒ Delete

TITLE
NAME **Edward C Smith, DECON**
STREET ADDRESS **2042 Jacob Pl #4**
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME **Pamela Smith**
STREET ADDRESS **2042 Jacob Pl #4**
CITY-ST-ZIP **Orlando Fl. 32805** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME **PASTOR ORAL ROCHESTER**
STREET ADDRESS **3925 SEABRIDGE DR**
CITY-ST-ZIP **ORLANDO FL 32839** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Napoleon Massey

Napoleon Massey 3-21-05

407 2983006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #