


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90025 037 ****70.00

DOCUMENT # 737939 1. Entity Name UNITED FAITH MISSIONARY TEMPLE, INC.																																																																																																																													
Principal Place of Business 630 E. MERALDA RD ORLANDO, FL 32808 US			Mailing Address 4609 WELLESLEY DRIVE 106 ORLANDO, FL 32818																																																																																																																										
2. Principal Place of Business 630 EMERALDA RD Suite, Apt. #, etc. 106			3. Mailing Address 4609 WELLESLEY DR Suite, Apt. #, etc. DR																																																																																																																										
City & State Orlando			City & State Orlando Fla																																																																																																																										
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Country Oranget		4. FEI Number 59-1730595																																																																																																																											
5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																										
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 reinstating) DATE</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MASSEY, NAPOLEON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4609 WELLESLEY DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32818</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MASSEY, DORETHA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4609 WELLESLEY DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32818</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, PAMELA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2042 JAROU PL #G</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32805</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCNABB, TENA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5121 DANNY BOY CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32808</td> <td></td> </tr> <tr> <td>TITLE</td> <td>APAS</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROCHESTER, PASTOR ORAL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3925 SEABRIDGE DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32839</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DEAC</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, EDWARD C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2042 JACOB PL #G</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32805</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> </div> </div>						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	SMITH, PAMELA		STREET ADDRESS	2042 JAROU PL #G		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	APAS	<input type="checkbox"/> Delete	NAME	ROCHESTER, PASTOR ORAL		STREET ADDRESS	3925 SEABRIDGE DR.		CITY-ST-ZIP	ORLANDO, FL 32839		TITLE	DEAC	<input type="checkbox"/> Delete	NAME	SMITH, EDWARD C		STREET ADDRESS	2042 JACOB PL #G		CITY-ST-ZIP	ORLANDO, FL 32805		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		
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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: <u>Napoleon Massey</u> 3 17 06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													

40038000



03152006 Chg-NP CR2E037 (11/05)

Applied For
Not Applicable

FL Zip Code

Date Daytime Phone #