

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 747914

1. Entity Name

FAITH TEMPLE, CHURCH OF GOD IN CHRIST NO. 1,
INCORPORATED



Principal Place of Business

1520 NW 79TH ST
MIAMI FL 33147

Mailing Address

PO BOX 470477
MIAMI FL 33247
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0319107

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DYKES, FREDDIE LEE (ELDER)
1520 N.W. 79
MIAMI FL 33142

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 is not needed when re-appointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	SD	☐ Delete
NAME	GAINES, JACQUELYN	
STREET ADDRESS	18830 NW 44TH CT	
CITY-STATE-ZIP	MIAMI FL	
TITLE	PD	☐ Delete
NAME	DYKES, FREDDIE LEE	
STREET ADDRESS	1781 NW 51ST TERR	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	☐ Delete
NAME	DYKES, SAMMIE L.	
STREET ADDRESS	1781 NW 51ST TERRACE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	AEV	☐ Delete
NAME	GAINES, WILLIE	
STREET ADDRESS	18830 NW 44 COURT	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	☐ Delete
NAME	HUNT, ZETTIE	
STREET ADDRESS	1340 NW 190 ST	
CITY-STATE-ZIP	NORTH MIAMI FL 33169	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

000000855855
03/27/08-80065-016 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Freddie Lee Dykes* Elder Freddie Dykes 3-9-08 305 696-4994