


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90025 042 ****70.00

DOCUMENT # 755260			
1. Entity Name FAITH TEMPLE EVANGELISTIC CHURCH, INC.			
Principal Place of Business 4146 OLD DIXIE HWY VERO BEACH FL 32967 US		Mailing Address PO BOX 2256 VERO BEACH FL 32961-2256 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-6518187		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRADLEY, JAMES J SR 8655 65TH DRIVE VERO BEACH FL 32967		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, JAMES J JR	NAME	
STREET ADDRESS	763 5TH PL SW	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32962	CITY-ST-ZIP	
TITLE	SCD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, MARTHA n	NAME	
STREET ADDRESS	8655 65TH DRIVE	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32967-5043	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRIFF, BARBARA J.	NAME	
STREET ADDRESS	4550 42ND CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLOUD, MINNIE	NAME	
STREET ADDRESS	604 5TH PL SW	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32962	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, PATRICIA	NAME	Patricia Stinson
STREET ADDRESS	8750 66TH AVE	STREET ADDRESS	8750 66th Ave
CITY-ST-ZIP	SEBASTIAN FL 32958	CITY-ST-ZIP	Sebastian FL 32958
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

*(Now married)
only name change*

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: *Martha N. Bradley* *Martha N. Bradley* *SCD* *2/23/04* *(772) 589-3948*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #