2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT #755260** 02-23-2006 90015 050 ****61.25 FAITH TEMPLE EVANGELISTIC CHURCH, INC. Principal Place of Business Mailing Address 4146 OLD DIXIE HWY PO BOX 2256 VERO BEACH, FL 32961-2256 US VERO BEACH, FL 32967 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02162006 Chg-NP CR2E037 (11/05) Applied For City & State City & State FEI Number 59-6518187 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRADLEY, JAMES J SR Street Address (P.O. Box Number is Not Acceptable) 8655 65TH DRIVE VERO BEACH, FL 32967 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. James J. Bradley, JR 6925 57th 5t. Change TITLE ☐ Delete TITLE BRADLEY, JAMES J JR NAME 763 5TH PL SW STREET ADORESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32962 CITY-ST-ZIP SCD ☐ Delete Change Addition TITLE TITLE BRADLEY, MARTHA N NAME NAME 8655 65TH DRIVE STREET ADORESS STREET ADDRESS COY-ST-ZP CITY-ST-ZIP VERO BEACH, FL 329675043 Delete ☐ Addition TITLE TITI F ☐ Change MCGRIFF, BARBARA J. 4550 42ND CIRCLE STREET ADORESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL CITY-ST-ZIP ā Delete TITLE ☐ Change ☐ ☐ Addition MCCLOUD, MINNIE MAME NAME **604 5TH PL SW** STREET ADDRESS STREET ADDRESS CITY-ST-7IP VERO BEACH, FL 32962 CITY-ST-7P ☐ Delete TITLE ☐ Change Addition TITLE NAME STINSON, PATRICIA NAME STREET ADDRESS 8750 66TH AVE STREET ADDRESS CITY-ST-ZIP SEBASTIAN, FL 32958 CITY-ST-ZIP ☐ Delete TIT! F Addition TIT! F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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: Matta A. Bralley Martha N. Bralley

SIGNATURE AND TYPED OR PRINTED AND BEGINNING OF FICH FOR DIRECTOR

2/16/06 772-589-3948

FILED

Feb 23, 2006 8:00 am