

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759928** (5)

1. Corporation Name

**FELLOWSHIP TEMPLE MISSION, INC.**



Principal Place of Business <b>6066 EAST HOFFNER AVENUE C/O MARTHA HOWELL ORLANDO FL 32822-4921</b>	Mailing Address <b>6066 EAST HOFFNER AVENUE C/O MARTHA HOWELL ORLANDO FL 32822-4921</b>
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3. Date Incorporated or Qualified <b>09/08/1981</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-2152912</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HOWELL, MARTHA 2234 CR. 722 WEBSTER FL 33597</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>8264 South East 23rd Dr.</b>
83	
84 City <b>Webster</b>	FL 85 Zip Code <b>33597</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D HOWELL, MARTHA</b>
STREET ADDRESS	<b>6106 E. HOFFNER AVE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD HOWELL, SR., HAROLD</b>
STREET ADDRESS	<b>6122 E. HOFFNER AVE.</b>
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D HOWELL, JESSE S., JR.</b>
STREET ADDRESS	<b>6128 E. HOFFNER AVE.</b>
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD MARTIN, BETTY JO</b>
STREET ADDRESS	<b>714 ALBERTSON PLACE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>D Martha Howell</b>
1.3 STREET ADDRESS	<b>8264 South East 23rd Dr</b>
1.4 CITY-ST-ZIP	<b>Webster, FL 33597</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Martha Howell* 1-15-97 352-568-9326

CR2E037 (9/96)