2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 760441 May 22, 2000 8:00 am Secretary of State 1. Entity Name FAITH TEMPLE MINISTRIES, INC. 05-22-2000 90036 025 ****70.00 Principal Place of Business Mailing Address P.O. BOX 1769 7100-142ND AVE. NO. LARGO FL 33771 LARGO FL 33779-1769 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0722784 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DWIGHT, MARTIN D 7572 91ST ST NO. **SEMINOLE FL 33777** City 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. SIGNATURE Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Change □ Delete TITLE TITLE NAME OKERSTROM, DAVID E. NAME STREET ADDRESS STREET ADDRESS 2209 RIVERSIDE DR. S CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33764** TITLE DP Delete TITLE ☐ Change ☐ Addition NAME MARTIN, DWIGHT NAME STREET ADDRESS STREET ADDRESS 7572 91ST ST. NO CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33777 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME PADLEY, FORREST NAME STREET ADDRESS STREET ADDRESS 1830 49TH AVE. NO CITY-ST-ZIF CITY-ST-ZIP ST PETERSBURG FL 33714 D ☐ Change ■ Addition TITLE ■ Delete TITLE ROBINSON, JOHN T NAME NAME STREET ADDRESS STREET ADDRESS 7113 FIRST AVE. SOUTH CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL 33707 ☐ Change ☐ Addition SDT ☐ Delete TITLE TITLE NAME MARTIN, ANNE F NAME STREET ADORESS STREET ADDRESS 7572 91ST ST. NO. CITY-ST-7IP CITY-ST-ZIP **SEMINOLE FL 34647** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trustele empowered to receive this eport agreequired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: