

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90266 046 ****61.25

0086469

DOCUMENT # 760441

1. Entity Name
FAITH TEMPLE MINISTRIES, INC.



Principal Place of Business
**6551 GREENFERN LANE
JACKSONVILLE FL 32277
US**

Mailing Address
**P.O. BOX 1769
LARGO FL 33779
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0722784**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DWIGHT, MARTIN D
6551 GREENFERN LANE
JACKSONVILLE FL 32277**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	OKERSTROM, DAVID E.	
STREET ADDRESS	3432 STATE ROAD 580-#115	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MARTIN, DWIGHT	
STREET ADDRESS	6551 GREENFERN LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	PADLEY, FORREST	
STREET ADDRESS	1830 49TH AVE. NO	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	MARTIN, ANNE F	
STREET ADDRESS	6551 GREENFERN LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: *[Signature]* **4/30/2003 904/744-1090**

CR2E037 (10/02)