2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# 760719

Entity Name: FAITH TEMPLE HOLINESS CHURCH OF GOD IN CHRIST, INC.

Current Principal Place of Business:

303 N. DR ML KING BLVD
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 904
LAKE WALES, FL 338590904 US

New Mailing Address:

FEI Number: 74-2594314 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMILEY, JOHNNY L.
145 W. ORANGE AVE
LAKE WALES, FL 338534010 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PM	( ) Delete
Name:	SMILEY, JOHNNY L.,	
Address:	145 W. ORANGE AVE	
City-St-Zip:	LAKE WALES, FL 338534010	
Title:	SDT	( ) Delete
Name:	SMILEY, ELIZABETH G.,	
Address:	145 W. ORANGE AVE	
City-St-Zip:	LAKE WALES, FL 33853	
Title:	D	( ) Delete
Name:	FOSTER, RUTHA M.	
Address:	435 AUSTIN STREET	
City-St-Zip:	LAKE WALES, FL	
Title:	D	( ) Delete
Name:	WARD, ROBERT JR.	
Address:	144 TAFT STREET	
City-St-Zip:	LAKE WALES, FL 33859	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH G. SMILEY SDT 04/15/2008
Electronic Signature of Signing Officer or Director — Date