

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760719

FILED  
Feb 04, 2009  
Secretary of State

**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

02/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date