FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766456 **(8)**

1. Corporation Name

TEMPLE OF FAITH MINISTRIES, INC.

Principal Place of Business	Mailing Address
2830 N.W. 27TH AVENUE OCALA FL 34475	2830 N.W. 27TH AVENUE OCALA FL 34475

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1983	3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-2292720	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Temple of Faith	26 Same
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Same As Above	City & State 28 Same
Zip 24	Zip 29
Country 25 America	Country 30 America

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEVENSON, LEROY L 14115 S.E. 38TH TERRACE SUMMERFIELD FL 34420	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Leroy L. Stevenson (President, Pastor) 4-17-95
Signature, type/or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	STEVENSON, LEROY	1.2 NAME	
STREET ADDRESS	14115 SE 38TH TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL 34420	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	STEVENSON, CLAUDETTE	2.2 NAME	
STREET ADDRESS	14115 SE 38TH TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	BRIGHT, ANNIE B	3.2 NAME	
STREET ADDRESS	2510 N.W. 21ST STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Leroy L. Stevenson / Leroy L. Stevenson 4-17-95 904-245-9015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000381