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Jun 02 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 766456 (8)

1. Corporation Name

TEMPLE OF FAITH MINISTRIES, INC.

Principal Place of Business

2830 N.W. 27TH AVENUE
OCALA FL 34475
US

Mailing Address

2830 N.W. 27TH AVENUE
OCALA FL 34475-3320

3. Date Incorporated or Qualified
01/07/1983

3a. Date of Last Report
07/17/1996

2. Principal Place of Business

21 Same AS ABOVE
Suite, Apt. #, etc.

2a. Mailing Address

28 Same AS ABOVE
Suite, Apt. #, etc.

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Leroy L. Stevenson / Leroy L. Stevenson / President
Signature, typed or printed name of registered agent, and title if applicable

2-11-97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STEVENSON, LEROY
STREET ADDRESS 14115 SE 38TH TERR
CITY-ST-ZIP SUMMERFIELD FL 34420

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VSD
NAME STEVENSON, CLAUDETTE
STREET ADDRESS 14115 SE 38TH TERR
CITY-ST-ZIP SUMMERFIELD FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME BRIGHT, ANNIE B
STREET ADDRESS 2510 N.W. 21ST STREET
CITY-ST-ZIP Ocala FL 34470

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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
Signature and typed or printed name of signing officer or director

2-11-97
Date

352-245-9015
Daytime Phone #

CR2E037 (9/96)