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**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 766456**

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



2. Principal Place of Business

21 2830 N.W. 27<sup>th</sup> Avenue

Suite, Apt. #, etc.

22 City & State

23 Ocala, FL

24 Zip Country

25 34475 26 U.S.

2a. Mailing Address

26 2830 N.W. 27<sup>th</sup> Avenue

Suite, Apt. #, etc.

27 City & State

28 Ocala, FL

29 Zip Country

30 34475 31 U.S.

3. Date Incorporated or Qualified

01/07/1983

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

9. Name and Address of Current Registered Agent

STEVENSON, LEROY L  
14115 S.E. 38TH TERRACE  
SUMMERFIELD FL 34420

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. 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 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, with all other like empowered.

SIGNATURE: Rev. Leroy L. Stevenson REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-99

Date

Daytime Phone #

352-245-9015

CR2E037 (1/98)