

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90052 032 ****61.25

DOCUMENT # 766456

1. Entity 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
US

J4U1J4U1



MOORE CR2E037 (11/03)

2. Principal Place of Business

P.O. Box 770905
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 770905
Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

59-2292720

Applied For

Not Applicable

Zip

34477

Country

Marion

Zip

34477

Country

Marion

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: SAME Agent
Street Address (P.O. Box Number is Not Applicable): 14115 S.E. 38th Terr.
City: Summerfield FL Zip Code: 34420

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STEVENSON, LEROY	
STREET ADDRESS	14115 SE 38TH TERR	
CITY-ST-ZIP	SUMMERFIELD FL 34420	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEVENSON, CLAUDETTE	
STREET ADDRESS	14115 SE 38TH TERR	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WISE, CALDONIA	
STREET ADDRESS	1119 SW WILLIAMS RD	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	T	<input type="checkbox"/> Delete
NAME	STOKES, SYLVESTER	
STREET ADDRESS	904 NW 31ST STREET	
CITY-ST-ZIP	OCALA FL 34476	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leroy L. Stevenson Leroy L. Stevenson/2-3-04/352.2459015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #