

**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 MAY 16 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 770898 (5)

1. Corporation Name  
**THE LORD'S TEMPLE INC.**

Principal Place of Business Mailing Address  
C/O REV. WILLIAM WADDLE  
1304 CARLTON AVE  
LAKE WALES FL 33853

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/25/1983  
3a. Date of Last Report 05/01/1994  
4. FEI Number 59-2954588  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 1 Grant Rd. 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Lake Wales, FL 28  
Zip 24 33853 Country 25 FL 29 Country 30 FL

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

9. Name and Address of Current Registered Agent  
WADDLE, WILLIAM  
1304 CARLTON AVE.  
LAKE WALES FL 33853

10. Name and Address of New Registered Agent  
B1 Name SAME  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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 Rev. William Waddle DATE 5-1-95  
Signature, typed or printed name of registered agent and fee if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAUGHTERY, JACK
STREET ADDRESS	134 GARDNER AVE
CITY - ST - ZIP	LAKE WALES FL
TITLE	VP
NAME	MEDLEY, M. E.
STREET ADDRESS	124 REEDY CREEK DR
CITY - ST - ZIP	FROSTPROOF FL
TITLE	D
NAME	JENKINS, CHARLES
STREET ADDRESS	436 MIAMI ST
CITY - ST - ZIP	LAKE WALES FL
TITLE	D
NAME	LITTLETON, ALICIA
STREET ADDRESS	P.O. BOX 572 N/A
CITY - ST - ZIP	LAKE WALES FL
TITLE	ST
NAME	FENNY, MATTIE
STREET ADDRESS	17 W TILLMAN AVE
CITY - ST - ZIP	LAKE WALES FL
TITLE	D
NAME	DOUGLAS, ROBERT
STREET ADDRESS	150 ILLINOISE AVE
CITY - ST - ZIP	BABSON PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Daniel P. Bowen Jr	
13 STREET ADDRESS	1442 morning side Dr.	
14 CITY - ST - ZIP	Lake Wales FL 33853	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Rebecca Bowen	
33 STREET ADDRESS	1442 morning side Dr.	
34 CITY - ST - ZIP	Lake Wales, FL 33853	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Well Waddle	
43 STREET ADDRESS	1304 Carlton Ave.	
44 CITY - ST - ZIP	Lake Wales, FL 33853	
51 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Kathy Douglas	
53 STREET ADDRESS	150 ILLINOISE AVE.	
54 CITY - ST - ZIP	Babson Pk. FL	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(3)(b), 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: Rebecca Bowen DATE 5-1-95 813-676-4162  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR