2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2005 08:00 AM Secretary of State DOCUMENT # 835689 1. Entity Name FAITH TEMPLE COMMUNITY CHURCH Principal Place of Business Mailing Address 14101 ANDREW SCOTT ROAD SPRING HILL FL 34609 14101 ANDREW SCOTT ROAD SPRING HILL FL 34609 2. Principal Place of Business ___ 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 75-6053053 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE GRADO, JOSEPH REV. Street Address (P.O. Box Number is Not Acceptable) 14101 ANDREW SCOTT ROAD SPRING HILL FL 34609 Zip Code FI 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 TITLE Defete TITLE Change DE GRADO, JOSEPH REV. NAME NAME 14101 ANDREW SCOTT ROAD STREET ADDRESS U00000201884 STREET ADDRESS SPRING HILL FL 34609 01/28/05-80086-009 66,25 CITY-ST-ZIP CITY-ST-Z₽ ☐ Delete THILE Change Addition WILSON, LEONARD NAME 3771 141 PL. N. STREET ADDRESS STREET ADDRESS LARGO FL CITY-ST-ZIP CITY-ST-ZIF 111tF Defete DILE ☐ Change ☐ Addition DE GRADO, EVELYN NAME NAME STREET ADDRESS | 14101 ANDREW SCOTT ROAD STREET ADDRESS SPRING HILL FL 34609 CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete itili t Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE Delete trice ☐ Change Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIE

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 inclicated 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 ampowered.

SIGNATURE

FILED