2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 03, 2006 08:00 AM Secretary of State **DÓCUMENT # 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 CB2E037 (10/05) City & State City & State 4. FEI Number Applied For 75-6053053 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE GRADO, JOSEPH REV. 14101 ANDREW SCOTT ROAD Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34609 Zip Code 3. 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 tamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed pame of registered agent and lifte if applicable (NOTE Roy stored Agent arguature required when reinstating) DATE 8. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITEE ☐ Defete 72112 ☐ Addition DE GRADO, JOSEPH REV. NAME MAME *U0*0000420302 14101 ANDREW SCOTT ROAD STREET ADDRESS STREET ADDRESS 02/15/06-80047-023 61.25 SPRING HILL FL 34609 CATY-SI-ZIP C) TY - ST - ZIP BITLE Defete ☐ Change ☐ Addition WILSON, LEONARD NAME NAME STREET ADDRESS 3771 141 PL. N. STREET ANDRESS CITY-ST-ZIP LARGO FL CITY-ST-78 TITLE ☐ Defete Change Addition 3171E NAME DE GRADO, EVELYN NAME STREET ADDRESS 14101 ANDREW SCOTT ROAD STATE LADORESS CITY-ST-709 SPRING HILL FL 34609 CITY-ST-ZIP TITLE Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CGY-ST-ZE CITY-SI-ZIP 7371.5 ☐ Delete DILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP TITLE ☐ Delete ITTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this living does not qualify for the exemptions contained in Section 119, 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

of changed, or on an attachment with an address, with all other like empowered.

FILED

352-681-4244