

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002047

FILED  
Apr 16, 2005  
Secretary of State

**Entity Name:** ADOPTION TEMPLE OF JESUS CHRIST INC.

**Current Principal Place of Business:**

509 1/2 TEXAS CT  
FT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

903 NORTH 21ST ST.  
FT PIERCE, FL 34950 US

**New Mailing Address:**

**FEI Number:** 58-2296549      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TAYLOR, LEE T  
903 NORTH 21ST STREET  
FT PIERCE, FL 34950 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DCP ( ) Delete  
Name: TAYLOR, SAMUEL BISHOP  
Address: RT 5 BOX 669  
City-St-Zip: MANNING, SC 29102

Title: DC ( ) Delete  
Name: TAYLOR, HANNAH MAE  
Address: RT 5 BOX 669  
City-St-Zip: MANNING, SC 29102

Title: DS ( ) Delete  
Name: STEVENS, MARCIA  
Address: RT 5 BOX 669  
City-St-Zip: MANNING, SC 29102

Title: DV ( ) Delete  
Name: TAYLOR, LEE T  
Address: 509 N 31ST ST  
City-St-Zip: FT PIERCE, FL 34947

Title: T ( ) Delete  
Name: TAYLOR, DOROTHY  
Address: 509 N 31ST ST  
City-St-Zip: FT PIERCE, FL 34947

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE T. TAYLOR

DV

04/16/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date