

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 19, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N00139**

1. Entity Name

**FAUST TEMPLE CHURCH OF GOD IN CHRIST, INC.**



Principal Place of Business

**3328 MONCRIEF RD.  
JACKSONVILLE, FL 32209**

Mailing Address

**P.O. BOX 12348  
JACKSONVILLE, FL 32209 US**



01132006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2332947**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CROOMS, ELIZABETH  
1643 WEST 25TH STREET  
JACKSONVILLE, FL 32209**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$81.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DIXON, RUSHIE L
STREET ADDRESS	1919 NAVAHO ROAD
CITY - ST - ZIP	JACKSONVILLE, FL 32210
TITLE	VPD
NAME	SULLIVAN, CHARLES
STREET ADDRESS	11733 TORREY PINE CIR S
CITY - ST - ZIP	JACKSONVILLE, FL 32218
TITLE	SD
NAME	CROOMS, ELIZABETH
STREET ADDRESS	1643 WEST 25TH STREET
CITY - ST - ZIP	JACKSONVILLE, FL 32209
TITLE	TD
NAME	GREENLEE, EMORY W.
STREET ADDRESS	3137 RHONE DRIVE SOUTH
CITY - ST - ZIP	JACKSONVILLE, FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/24/06-80032-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Elizabeth Crooms*  
*Elizabeth Crooms SD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/19/06 (904) 762-2519*