

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 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**



01272007 No Chg-NP CR2E037 (4/06)

**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**

*Elizabeth Crooms*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*1/29/07*

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

**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**

U00000625449  
02/14/07-80076-012 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*1/29/07*

Daytime Phone #