ANNUAL REPORT

DOCUMENT # N03000007472



FILED May 03, 2004 8:00 am Secretary of State

FAITH TEMPLE MINISTRIES OF FLORIDA, INC.				05-03-2004 90658 015 ****61.25		
6551 GREENFERN LN 6		Mailing Address 6551 GREENFERN LN JACKSONVILLE, FL 322				
2. Principal P	face of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CR2E037 (10/03)	
City & State		City & State	City & State			olied For Applicable
Zip	Country	Zip	Country	55 - 0848 37 5. Certificate of Status Des	\$9.75 Add	
	6. Name and Address of Current	t Registered Agent		7. Name and Address of	New Registered Agent	
			Name			
MARTIN, DWIGHT 6551 GREENFERN LN JACKSONVILLE, FL 32277			Street Addres	dress (P.O. Box Number is Not Acceptable)		
JACKSON	VILLE, FL 322//		-			
			City		FL Zip Code	
	named entity submits this statement for	or the purpose of changing its	registered office or regis	tered agent, or both, in the State	of Florida. I am familiar with, a	and accept
	named entity submits this statement folions of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or both, in the State	e of Horida.: I am familiar with	and accept
	ions of registered agent.		registered office or regis		e of Florida∷ Lam familiar with∷ f	and accept
the obligat	ions of registered agent.	it and title it applicable. (NOT)	E: Registered Agent signature requ		DATE	
the obligat	ions of registered agent.	it and title it applicable. (NOT)	E: Registered Agent signature requi			
the obligat	Signature, typed or printed name of registered agent	nt and trile if applicable. (NOTI 9. Election Car Trust Fund C	E: Registered Agent signature requi	\$5.00 May Be Added to Fees	DATE Make check payable to	ste
the obligat	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	nt and trile if applicable. (NOTI 9. Election Car Trust Fund C	E: Registered Agent signature requirements Tipaign Financing Contribution.	\$5.00 May Be Added to Fees	DATE Make check payable to Florida Department of Str	ste
the obligated signature.	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI P MARTIN, DWIGHT D	9. Election Car Trust Fund C	E: Registered Agent signature requirements mpaign Financing Contribution.	\$5.00 May Be Added to Fees	DATE Make check payable to Florida Department of Sta FFICERS AND DIRECTORS IN	ate:
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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 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 if an inciding 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 the changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition