

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

DOCUMENT # N04000002630

1. Entity Name

THE TEMPLE OF FAITH NATIONWIDE EXPLOSION
OUTREACH MINISTRIES INCORPORATION



Principal Place of Business

12050 HIGHWAY 129 POST OFFICE BOX 905
CHIEFLAND FL 32644

Mailing Address

12050 HIGHWAY 129 POST OFFICE BOX 905
CHIEFLAND FL 32644

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

34-2039536

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

DEXTER, HARRY JAMES
12050 HIGHWAY 129
CHIEFLAND FL 32644

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME DEXTER, HARRY JAMES
STREET ADDRESS PO BOX 905
CITY - ST - ZIP CHIEFLAND FL 32644

TITLE D ☐ Delete
NAME DEXTER, JOANN
STREET ADDRESS PO BOX 905
CITY - ST - ZIP CHIEFLAND FL 32644

TITLE D ☐ Delete
NAME BOYETTE, SHERRY
STREET ADDRESS PO BOX 85
CITY - ST - ZIP OLD TOWN FL 32680

TITLE D ☐ Delete
NAME CAMPBELL, SHARON
STREET ADDRESS PO BOX 898
CITY - ST - ZIP TRENTON FL 32683

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harry James Dexter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-8-06