

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000002630

1. Entity Name

**THE TEMPLE OF FAITH NATIONWIDE EXPLOSION
OUTREACH MINISTRIES INCORPORATION**



Principal Place of Business

Mailing Address

**12050 HIGHWAY 129 POST OFFICE BOX 905
CHIEFLAND FL 32644**

**12050 HIGHWAY 129 POST OFFICE BOX 905
CHIEFLAND FL 32644**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

2nd MOORE

CR2E037 (4/07)

4. FEI Number

34-2039536

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEXTER, HARRY JAMES
12050 HIGHWAY 129
CHIEFLAND FL 32644**

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

Harry S. Dexter
Harry S. Dexter

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-3-07

**FILE NOW: FEE IS \$61.25
Due By September 5, 2007**

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

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

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

TITLE ☐ 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 000000773207
CITY-ST-ZIP 09/05/07-80001-021 61.25

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

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

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CITY-ST-ZIP

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

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: *Harry S. Dexter*
Harry S. Dexter **9-3-07**