

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000002642

1. Entity Name
FAITH TEMPLE CHURCH OF GOD IN CHRIST OF THE
UNITED STATES, INC.



Principal Place of Business
1660 S. DELEON
TITUSVILLE, FL 32780

Mailing Address

~~4345 WESTLAKE DR.~~
~~TITUSVILLE, FL 32780~~
~~1660 S. DELEON~~
~~TITUSVILLE, FL 32780~~

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

1660 S. DELEON

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 2894

Suite, Apt. #, etc.

City & State

TITUSVILLE FL

Zip 32780

Country US

City & State

TITUSVILLE FL

Zip 32781

Country US

4. FEI Number
20-0892109

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, WILLIE B
4345 WESTLAKE DRIVE
TITUSVILLE, FL 32780

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

Filing Fee is \$61.25
Due by September 14, 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 NAME STREET ADDRESS CITY - ST - ZIP | P JOHNSON, WILLIE B 4345 WESTLAKE DR. TITUSVILLE, FL 32780 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T JOHNSON, STANLEY 1660 DELEON AVE. TITUSVILLE, FL 32780 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T JOHNSON, LONNIE 7270 GRISSOM PARKWAY PORT ST. JOHN, FL 32927 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: WILLIE B JOHNSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 OCT -1 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Chg-NP

CR2E037 (12/06)

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