

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000006915**

1. Entity Name  
**FAITH TEMPLE GOD'S CHURCH OF ETERNAL LIFE, INC.**



Principal Place of Business  
**1635 E 21ST ST  
JACKSONVILLE, FL 32206**

Mailing Address  
**1635 E 21ST ST  
JACKSONVILLE, FL 32206**



01092007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**55-0875963**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DARRING, AMOS  
1635 E 21ST ST  
JACKSONVILLE, FL 32206**

**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

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

(NOTE: Registered Agent signature required when reissuing)

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

U000000614468  
02/06/07-80032-002 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**F  
DARRING, BISHOP AMOS  
2131 WEST 44TH STREET  
JACKSONVILLE, FL 32209**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MT  
DARRING, ANTHONY  
2131 WEST 44TH STREET  
JACKSONVILLE, FL 32209**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MT  
DUNN, LUCILE T.  
1615 E. 24TH STREET  
JACKSONVILLE, FL 32206**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MT  
COX, JOYCE  
3331 CAPITOLA STREET  
JACKSONVILLE, FL 32209**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

*Bishop Amos Darring*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Bishop Amos Darring*

Date

*Jan. 9, 2007*  
Daytime Phone

Daytime Phone

ph 768-1125  
563-5543