

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Jul 14, 2008 08:00 AM**  
**Secretary of State**



07112008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
55-0875963  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	F
NAME	DARRINO, BISHOP AMOS
STREET ADDRESS	2131 WEST 44TH STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	MT
NAME	DARRING, ANTHONY
STREET ADDRESS	2131 WEST 44TH STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	MT
NAME	DUNN, LUCILE T.
STREET ADDRESS	1615 E. 24TH STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	MT
NAME	COX, JOYCE
STREET ADDRESS	3331 CAPITOLA STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000954526  
07/14/08-80004-011 61.25

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Amos Darring (Pastor) & Bishop*

Date

7/11/08 (904) 768-1125

Daytime Phone #