


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90117 047 \*\*\*\*70.00

<b>DOCUMENT # N04000008175</b>	
1. Entity Name <b>FAITH TEMPLE PRIMITIVE BAPTIST CHURCH, INC.</b>	

Principal Place of Business <b>808 WASHINGTON STREET PLANT CITY, FL 33563</b>	Mailing Address <b>808 WASHINGTON STREET PLANT CITY, FL 33563</b>
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**66026607**



2. Principal Place of Business <b>FAITH Temple Primitive Baptist</b> Suite, Apt. #, etc. <b>808 plant city FLA</b> City & State <b>plant city FLA</b> Zip <b>33653</b> Country <b>Hillisburgh</b>		3. Mailing Address <b>808 WASH WASHINGTON ST</b> Suite, Apt. #, etc. <b>plant city FLA</b> City & State <b>plant city FLA</b> Zip <b>33563</b> Country <b>FLA</b>	
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08102005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>51-0521160</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GRIFFIN, JAMES 808 WASHINGTON STREET PLANT CITY, FL 33563</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GRIFFIN, JAMES 810 S FRANKLIN STREET PLANT CITY, FL 33563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LEONARD POOLE, President</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1504 E. 27 AVENUE</b> <b>TAMPA FLA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GALLOWAY, DAVID H 506 N ALEXANDER STREET PLANT CITY, FL 33563 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN DEC. V.P.</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CLARENCE MITCHELL</b> <b>906 EAST HUNTER ROAD</b> <b>PLANT CITY FLA 33565</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WEST, MAMIE L 506 N ALEXANDER STREET PLANT CITY, FL 33563 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURY</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JAMES MAYS</b> <b>501 CANNON CIRCLE</b> <b>PLANT CITY FLA 33563</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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:** James Griffin **8-21-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/10/00

10/10/00

10/10/00

10/10/00

10/10/00

ATTACHMENT

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