

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jul 03, 2005  
Secretary of State

DOCUMENT# N04000010005

Entity Name: FAITH TEMPLE FELLOWSHIP MINISTRY CHURCH OF CHRIST WRITTEN IN HEAVEN INC.

**Current Principal Place of Business:**

2133 WISHART ST.  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

2133 WISHART ST.  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 59-3054165      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DAVIS, GREGORY  
7806 CAXTON CIR. WEST  
JACKSONVILLE, FL 32208      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CD      ( ) Delete  
Name: DAVIS, GREGORY  
Address: 7806 CAXTON CIRCLE WEST  
City-St-Zip: JACKSONVILLE, FL 32208

Title: PD      ( ) Delete  
Name: BRYANT, DAVID  
Address: 3755 ST. ISABEL DR. EAST  
City-St-Zip: JACKSONVILLE, FL 32277

Title: VD      ( ) Delete  
Name: HARRIS, ROBERT  
Address: 7863 SPRINGTIME LANE  
City-St-Zip: JACKSONVILLE, FL 32211

Title: SD      ( ) Delete  
Name: DAVIS, GLORIA  
Address: 7806 CAXTON CIRCLE WEST  
City-St-Zip: JACKSONVILLE, FL 32208

Title: TD      ( ) Delete  
Name: JONES, TERRELL  
Address: 7801 CAXTON CIRCLE EAST  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D      ( ) Delete  
Name: SMITH, BRENDA  
Address: 790 SABALO DR.  
City-St-Zip: ATLANTIC BCH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: WEED, BEVERLY DR.  
Address: 3465 PHILLIPS HWY. APT. 1015  
City-St-Zip: JACKSONVILLE, FL 32207

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRELL J. JONES

TD

07/03/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date