


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N05000010468

1. Entity Name
FAITH TEMPLE ASSEMBLY OF GOD OF HAINES CITY INC.



Principal Place of Business
**704 MCLEOD AVE
 HAINES CITY, FL 33844**

Mailing Address
**P O BOX 2556
 HAINES CITY, FL 33845**

DO NOT WRITE IN THIS SPACE



04032007 No Chg-NP CR2E037 (4106)

4. FEI Number
59-2992840

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROGERS, THOMAS
 704 MCLEOD AVE
 HAINES CITY, FL 33844**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ROGERS, THOMAS 410 NORTH F STREET HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOWAN, RICHARD 1900 TRINITY CIRCLE HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHTER, BEN 53 WINTER RIDGE ROAD WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/03/07-80005-005-61.25

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 another like empowered.

SIGNATURE: Thomas Rogers **Thomas Rogers** 4-19-07 863-422-4153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #