


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90216 044 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2992840	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROGERS, THOMAS 704 MCLEOD AVE HAINES CITY, FL 33844			Name Johnny Bryant		
			Street Address (P.O. Box Number is Not Acceptable) 327 Plumosa St		
			City Lake Placid, FL		
			Zip Code 33852		
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 <i>Rev. Johnny M Bryant</i>			DATE 4-31-08		
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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CEO	<input checked="" type="checkbox"/> Delete	TITLE	600	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, THOMAS		NAME	Johnny Bryant	
STREET ADDRESS	410 NORTH F STREET		STREET ADDRESS	345 plumosa st.	
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Board member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOWAN, RICHARD		NAME	Gary Peck	
STREET ADDRESS	1900 TRINITY CIRCLE		STREET ADDRESS	210 Lake Villa way	
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP	Haines City, FL 33844	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Board member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHTER, BEN		NAME	John Dumas	
STREET ADDRESS	53 WINTER RIDGE ROAD		STREET ADDRESS	107 S. Central Ave	
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Rev. Johnny M Bryant</i>			DATE: 4-31-08		
Signature and typed or printed name of signing officer or director			Daytime Phone # 863-465-2363		