


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N05000012147 1. Entity Name FAITH APOSTOLIC TEMPLE, INC. |  |
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| Principal Place of Business 1068 WEST 28TH STREET RIVIERA BEACH, FL 33304 | Mailing Address 1068 WEST 28TH STREET RIVIERA BEACH, FL 33304 |
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DO NOT WRITE IN THIS SPACE



08142007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 20-3892781 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CAMPBELL, URIAH 410 WEST 36TH STREET RIVIERA BEACH, FL 33404 | DO NOT WRITE IN THIS SPACE |
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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 Uriah Campbell (Pastor) Uriah Campbell 8.18.07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| Filing Fee is \$61.25 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAMPBELL, URIAH 410 WEST 36TH STREET RIVIERA BEACH, FL 33404 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBINSON, MONICA 3508 RIVERSIDE DRIVE CORAL SPRINGS, FL 33065 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, KATHLEEN 4109 WOODSIDE DRIVE CORAL SPRINGS, FL 33065 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, HEPSELYN 300 WEST 38TH STREET RIVIERA BEACH, FL 33065 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAMPBELL, MARK A 120 BENCHLEY PLACE BRONX, NY 10475 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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08/23/07-80003-001 70.00

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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: Uriah Campbell 8.18.07 256(848-0905)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #