

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90019 024 ****66.25

DOCUMENT # N05000012147

1. Entity Name

FAITH APOSTOLIC TEMPLE, INC.



Principal Place of Business

1068 WEST 28TH STREET
RIVIERA BEACH FL 33304

Mailing Address

1068 WEST 28TH STREET
RIVIERA BEACH FL 33304

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3892781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

CAMPBELL, URIAH
410 WEST 36TH STREET
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME CAMPBELL, URIAH
STREET ADDRESS 410 WEST 36TH STREET
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE ☐ Delete
NAME ROBINSON, MONICA
STREET ADDRESS 3508 RIVERSIDE DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Delete
NAME WILLIAMS, KATHLEEN
STREET ADDRESS 4109 WOODSIDE DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Delete
NAME WILLIAMS, HEPSILYN
STREET ADDRESS 300 WEST 38TH STREET
CITY-ST-ZIP RIVIERA BEACH FL 33065

TITLE ☐ Delete
NAME CAMPBELL, MARK A
STREET ADDRESS 120 BENCHLEY PLACE
CITY-ST-ZIP BRONX NY 10475

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *URIAH Campbell* 4-27-08 561-319-3205