

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 19 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05003 (1)
1. Corporation Name
FAITH TEMPLE ASSEMBLY OF GOD OF JACKSONVILLE, IN C.

Principal Place of Business Mailing Address
6650 TORRES DRIVE JACKSONVILLE FL 32210 **6650 TORRES DRIVE JACKSONVILLE FL 32210**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **09/06/1984** 3a. Date of Last Report **03/21/1994**
4. FEI Number **59-2236275** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**STRICKLAND, JEUL
8629 BLUEBELL LN
JACKSONVILLE FL 32244**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|---------------------------------|
| TITLE | VDT |
| NAME | BATTY, HARRY |
| STREET ADDRESS | 1124 LEGAY AVENUE |
| CITY - ST - ZIP | JACKSONVILLE FL |
| TITLE | DS |
| NAME | BOLLER, DONALD |
| STREET ADDRESS | 6730 MILLER ST. |
| CITY - ST - ZIP | JACKSONVILLE FL |
| TITLE | D |
| NAME | WILLIS, CECIL O. |
| STREET ADDRESS | 1229 WILLOWBRANCH AVE. 1 |
| CITY - ST - ZIP | JACKSONVILLE FL |
| TITLE | D |
| NAME | BOYD, DON |
| STREET ADDRESS | 10778 SPURS CT. |
| CITY - ST - ZIP | JACKSONVILLE FL |
| TITLE | D |
| NAME | BATTY, CATHERINE |
| STREET ADDRESS | 1124 LEGAY AVE. |
| CITY - ST - ZIP | JACKSONVILLE FL |
| TITLE | PD |
| NAME | STRICKLAND, JEUL |
| STREET ADDRESS | 3808 LANE AVE. S. |
| CITY - ST - ZIP | JACKSONVILLE FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeul Strickland P/D JEUL STRICKLAND 4-17-95 (904) 971-4757
Date Telephone #