2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)

SIGNATURE:

Apr 11, 2005 08:00 AM Secretary of State DOCUMENT # N05003 1. Entity Name FAITH TEMPLE ASSEMBLY OF GOD OF JACKSONVILLE, Principal Place of Business Mailing Address 6561 FIRESTONE RD JACKSONVILLE FL 32244 6561 FIRESTONE RD JACKSONVILLE FL 32244 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-2236275 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STRICKLAND, JEUL Street Address (P.O. Box Number is Not Acceptable) 5720 PIPER GLEN BLVD JACKSONVILLE FL 32222 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agont signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Florida Department of State Added to Fees TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VDT Addition Delete ☐ Change mi DHE BAITY, HARRY NAME NAME U00000299143 11/05-80096-017 61.25 10 BEACHSIDE DRIVE STREET ADDRESS STREET ADDRESS PALM COAST FL 32137 CITY-SI-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Deiete CREWS, BILL NAME 3784 MOONFLOWER RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-70P COLY-ST-Z/P ☐ Change Addition Delete TITLE BIR BOYD, DON NAME NAME 10778 SPURS CT. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CHIY-ST-ZIP Delete ☐ Change ☐ Addition STRICKLAND, JEUL 5720 PIPER GLEN BLVD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32222 CITY-SI-ZIP CITY ST-ZIP TITLE 🔲. Delete TUTLE ☐ Change ☐ Addition PFEIL, CHRIS NAME NAME 2884 PLUM ORCHARD DRIVE STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete THEE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CILY-ST-ZIF 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED