

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006547

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** FAITH TEMPLE: HARVEST OF LIFE MINISTRIES, INC.

**Current Principal Place of Business:**

348 NORTH MARION AVENUE  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1904  
LAKE CITY, FL 32055

**New Mailing Address:**

**FEI Number:** 56-2670379

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, SCHARA W  
884 N.W. TEXAS AVENUE  
LAKE CITY, FL 32055 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILSON, HENRY BISHOP  
Address: 884 N.W. TEXAS AVENUE  
City-St-Zip: LAKE CITY, FL 32055

Title: VP  
Name: WILSON, VERLENE B BISHOP  
Address: 884 N.W. TEXAS AVENUE  
City-St-Zip: LAKE CITY, FL 32055

Title: D  
Name: WILSON, CEDRIC  
Address: 884 N.W. TEXAS AVENUE  
City-St-Zip: LAKE CITY, FL 32055

Title: D  
Name: WILSON, SCHARA W  
Address: 884 N.W. TEXAS AVENUE  
City-St-Zip: LAKE CITY, FL 32055

Title: T  
Name: MYERS, STEPHENIE  
Address: 356 S.E ALLEN PL  
City-St-Zip: LAKE CITY, FL 32055

Title: S  
Name: ARLINE, CARLA  
Address: 1004 NW EADIE STREET APT 103  
City-St-Zip: LAKE CITY, FL 32055

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SCHARA WILSON

D

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date