


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90247 046 ****61.25

DOCUMENT # N30043 1. Entity Name THE SALVATION AND PRAISE TEMPLE OF FAITH, INC.																																																																																																																																									
Principal Place of Business 324 NW 16TH PLACE POMPANO BEACH, FL 33060			Mailing Address 324 NW 16TH PLACE C/O JOHNNY L ZANDERS POMPANO BEACH, FL 33060 US																																																																																																																																						
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 65-0114888																																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																					
6. Name and Address of Current Registered Agent ZANDERS, JOHNNY L. 324 NW 16TH PLACE POMPANO BEACH, FL 33060				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																									
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																					
Make check payable to Florida Department of State																																																																																																																																									
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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 <u>Johnny L. Zanders Jr. Johnny L. Zanders</u> <u>4/28/2008</u> <u>(954) 784-3155</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																									