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

DOCUMENT # N33749 (5)

1. Corporation Name

POWER TEMPLE OF GOD FOR ALL AGES INC.

FILED
95 FEB 17 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
405 SW 4TH AVE. P.O. BOX 2413 NARANJA, FL 33032 HOMESTEAD FL 33030	405 SW 4TH AVE. P.O. BOX 2413 NARANJA, FL 33032 HOMESTEAD FL 33030

3. Date Incorporated or Qualified: 08/15/1989
3a. Date of Last Report: 05/01/1994

4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

FELTON, IRMA L. CHESTER
405 S.W. 4TH AVE.
HOMESTAD FL 33034

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	FELTON, IRMA L	1.2 NAME	
STREET ADDRESS	578 NE 9TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLORIDA CITY FL	1.4 CITY-ST-ZIP	
TITLE	DTS	2.1 TITLE	☐ Change ☐ Addition
NAME	MOBLEY, T L	2.2 NAME	
STREET ADDRESS	3435 S.W. 5TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	
TITLE	MDV	3.1 TITLE	☐ Change ☐ Addition
NAME	FELTON, HANCEL D	3.2 NAME	
STREET ADDRESS	578 NW 9TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FLORIDA, CITY	3.4 CITY-ST-ZIP	
TITLE	DTS	4.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, SHIRLEY (MINIS	4.2 NAME	
STREET ADDRESS	10475 S.W. 146TH TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MCCAY, BOBBY	5.2 NAME	
STREET ADDRESS	15201 SW 288 ST APT 203 (BEACONS)	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: Irma L. Chester Felton 2/7/95 305-247-4608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000571B