

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N48748** (0)

1. Corporation Name

**FAITH TEMPLE HOLINESS FAMILY, INC.**



Principal Place of Business

Mailing Address

**400 FRANCIS STREET  
ST. AUGUSTINE FL 32095**

**400 FRANCIS STREET  
ST. AUGUSTINE FL 32095**

3. Date Incorporated or Qualified

**05/04/1992**

3a. Date of Last Report

**06/08/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**NOT APPLICABLE**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, ELDER EARLY L.  
85 N. WHITNEY ST.  
ST. AUGUSTINE FL 32095**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD  
BROWN, ELDER EARLY L.**  
STREET ADDRESS **85 N. WHITNEY ST.**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE ☐ DELETE

NAME **T  
MCCASKELL, HOSEA**  
STREET ADDRESS **7 NESBIT ST**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE ☐ DELETE

NAME **D  
BAKER, JULIUS L.**  
STREET ADDRESS **56 CHAPIN ST**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE ☐ DELETE

NAME **S  
HOLMES, MARY**  
STREET ADDRESS **25 SPRING ST.**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

*Please remove  
this name  
She Deceased*

TITLE ☐ DELETE

NAME **D  
BROWN, EARTHA**  
STREET ADDRESS **85 N WHITNEY**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE ☐ DELETE

NAME **Charles Clark**  
STREET ADDRESS **Julia St.**  
CITY-ST-ZIP **St. Augustine Fl**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: **Elder Early L. Brown**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-26-96**

Date

**1-904-824-9663**

Daytime Phone #

CR2E037 (12/95)