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Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002331 (7)

1. Corporation Name

INDEPENDENT APOSTOLIC FAITH TEMPLE, INC.



Principal Place of Business

Mailing Address

PO BOX 253
BRONSON FL 32621PO BOX 253
BRONSON FL 32621-0253

3. Date Incorporated or Qualified

05/18/1993

3a. Date of Last Report

03/06/1996

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTERSON, GIBB
680 SCHOOL STREET
BRONSON FL 32621

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
NAME
STREET ADDRESS
CITY - ST - ZIP
T
TEEMER, THOMAS
704 HAMILTON STREET
NEW SMYRNA BEACH FL
DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Change
AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
PATTERSON, GIBB
660 SCHOOL ST
BRONSON FL
DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Change
AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
EDWARDS, DOROTHY
685 SCHOOL STREET
BRONSON FL 32621
DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change
AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change
AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change
AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change
Addition

14. I do hereby certify that the information supplied with this filing 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:

Gibb Patterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR3/3/97
Date352-486-2520
Daytime Phone #0011479

CR2E037 (9/96)