

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000003956**

1. Entity Name

FAITH TEMPLE HOLINESS CHURCH, INCORPORATED



Principal Place of Business

Mailing Address

1515 LINCOLN AVE, APT B-8  
HAMPTON VILLAS-PHASE-1  
MT DORA FL 32757  
US

1515 LINCOLN AVE, APT B-8  
HAMPTON VILLAS-PHASE-1  
MT DORA FL 32757  
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

59-3187107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, ELOUISE  
1515 LINCOLN AVE E  
MOUNT DORA FL 32757

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME WILLIAMS, ELOUISE  
STREET ADDRESS 1617 W CENTRAL BLVD, #114  
CITY-ST-ZIP ORLANDO FL 32805

TITLE DP ☐ Delete  
NAME DIXON, GEORGE  
STREET ADDRESS 3044 GRAY FOX DRIVE  
CITY-ST-ZIP HEPHIZBAH GA 30815

TITLE SD ☐ Delete  
NAME JONES, DOROTHY  
STREET ADDRESS 1035 ARLINGTON AVENUE SOUTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33705

TITLE TD ☐ Delete  
NAME TIMSON, LOUISE  
STREET ADDRESS 533 LILY ST  
CITY-ST-ZIP ORLANDO FL 32805

TITLE S ☐ Delete  
NAME PEAKE, DORIS H  
STREET ADDRESS 1533 N. RHODES ST  
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U000000692036  
CITY-ST-ZIP 04/13/07-80035-017 61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Eloise I Williams** *Eloise I Williams* 4/1/07/352-383-5274