

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90023 039 \*\*\*\*61.25

**DOCUMENT # N93000003956**

1. Entity Name

**FAITH TEMPLE HOLINESS CHURCH, INCORPORATED**



Principal Place of Business

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

Mailing Address

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

*Elouise I Williams #F-27*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*1515 Lincoln Ave - E*

City & State

City & State

*MT Dora Florida*

Zip

Country

Zip

Country

*32757*

*Lake County*

1st MOORE

CR2E037 (10/07)

4. FEI Number

**59-3187107**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:** *Elouise I Williams* / *Elouise I Williams* 4-3-08 / *C-352 383-5274*