

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003956

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: FAITH TEMPLE HOLINESS CHURCH, INCORPORATED

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

1515 LINCOLN AVE, APT B-8  
LOUISE I WILLIAMS #F-272  
MT DORA, FL 32757 US

**New Mailing Address:**

FEI Number: 59-3187107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, ELOUISE  
1515 LINCOLN AVE E  
MOUNT DORA, FL 32757 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WILLIAMS, ELOUISE  
Address: 1617 W CENTRAL BLVD, #114  
City-St-Zip: ORLANDO, FL 32805

Title: DP ( ) Delete  
Name: DIXON, GEORGE  
Address: 3044 GRAY FOX DRIVE  
City-St-Zip: HEPHZIBAH, GA 30815

Title: SD ( ) Delete  
Name: JONES, DOROTHY  
Address: 1035 ARLINGTON AVENUE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: TD ( ) Delete  
Name: TIMSON, LOUISE  
Address: 533 LILY ST  
City-St-Zip: ORLANDO, FL 32805

Title: S ( ) Delete  
Name: PEAKE, DORIS H  
Address: 1533 N.ROHODES ST  
City-St-Zip: MOUNT DORA, FL 32757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELOUISE WILLIAMS

MISS

02/23/2009

Electronic Signature of Signing Officer or Director

Date