

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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  
LOUISE I WILLIAMS #F-272  
MT DORA, FL 32757 US

FILED  
10 APR 23 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

02162010 Chg-NP CR2E037 (11/08)

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

Filing Fee is \$61.25  
Due by May 1, 2010

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	<input type="checkbox"/> Delete
NAME	WILLIAMS, ELOUISE	
STREET ADDRESS	1617 W CENTRAL BLVD, #114	
CITY - ST - ZIP	ORLANDO, FL 32805	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DIXON, GEORGE	
STREET ADDRESS	3044 GRAY FOX DRIVE	
CITY - ST - ZIP	HEPHZIBAH, GA 30815	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, DOROTHY	
STREET ADDRESS	1035 ARLINGTON AVENUE SOUTH	
CITY - ST - ZIP	SAINT PETERSBURG, FL 33705	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TIMSON, LOUISE	
STREET ADDRESS	533 LILY ST	
CITY - ST - ZIP	ORLANDO, FL 32805	
TITLE	S	<input type="checkbox"/> Delete
NAME	PEAKE, DORIS H	
STREET ADDRESS	1533 N.ROHODES ST	
CITY - ST - ZIP	MOUNT DORA, FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500177591145	
CITY - ST - ZIP	04/26/10--01028--015 **61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELOUISE I WILLIAMS  
4-20-2010 Date

Daytime Phone #

4-20-2010 352-383-5274