

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT -5 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N94000003607 (8)

1. Corporation Name

FAITH TEMPLE LIFE CHANGING MINISTRIES INC.

Principal Place of Business

Mailing Address

950 5TH AVENUE S
ST. PETERSBURG FL 33705
US

950 5TH AVENUE S
ST. PETERSBURG FL 33705
US

3. Date Incorporated or Qualified

07/19/1994

4. FEI Number

59-3267336

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIELDS, ANNIE L
954 5TH AVENUE S.
ST. PETERSBURG FL 33705

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME PD
FIELDS, WALTER
STREET ADDRESS 950 5TH AVENUE S
CITY-ST-ZIP ST. PETERSBURG FL 33705

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

900002659649-5
-10/08/98-01093-002
*****70.00 *****70.00

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME VD
FIELDS, ANNIE L
STREET ADDRESS 950 5TH AVENUE S
CITY-ST-ZIP ST. PETERSBURG FL 33705

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME TD
MITCHELL, MARY L
STREET ADDRESS 554 WHITE ST
CITY-ST-ZIP DAYTONA BEACH FL 32114

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME SD
NATHENIAL, BIRDIE L
STREET ADDRESS 120 NORTH KEECH ST
CITY-ST-ZIP DAYTONA BEACH FL 32114

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

[Signature]

10/5/98

7221821-527

CP2E037 (10/97)