

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

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90019 030 ****66.25

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1. Entity Name

FAITH RESTORATION TEMPLE INC.



Principal Place of Business

3401 W BROWARD BLVD
FORT LAUDERDALE FL 33312

Mailing Address

1632 NW 9TH AVE
FT LAUDERDALE FL 33311



2. Principal Place of Business - No P.O. Box #

6256 W. OAKLAND PARK BLVD

Suite, Apt. #, etc.

Fort Lauderdale

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0559106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POWELL, ESTELLE L REV.
1632 NW 9TH AVE
FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

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 is 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 P ☐ Delete
NAME POWELL, ESTELLE L
STREET ADDRESS 1632 NW 9TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE AP ☐ Delete
NAME MARTIN, A REV
STREET ADDRESS 3416 SW 12TH PLACE
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE ASSO ☐ Delete
NAME DOUGLAS, ORAL
STREET ADDRESS 2241 NW 70 AVE
CITY-ST-ZIP SUNRISE FL 33313

TITLE S ☐ Delete
NAME THOMAS, LORNA J
STREET ADDRESS 2280 NW 37 AVE
CITY-ST-ZIP LAUDERDALE LAKES FL 33311

TITLE T ☐ Delete
NAME MARTIN, CARMEN
STREET ADDRESS 3416 SW 12TH PLACE
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #