2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N94000005971

Entity Name: FAITH RESTORATION TEMPLE INC.

Current Principal Place of Business:

6256 W OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33313

New Principal Place of Business:

Current Mailing Address:

1632 NW 9TH AVE
FT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 65-0559106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWELL, ESTELLE L REV.
1632 NW 9TH AVE
FT LAUDERDALE, FL 33311 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: P ( ) Delete
Name: POWELL, ESTELLE L
Address: 1632 NW 9TH AVE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: AP ( ) Delete
Name: MARTIN, A REV
Address: 3416 SW 12TH PLACE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: ASSO ( ) Delete
Name: DOUGLAS, ORAL
Address: 2241 NW 70 AVE
City-St-Zip: SUNRISE, FL 33313

Title: T ( ) Delete
Name: MARTIN, CARMEN
Address: 3416 SW 12TH PLACE
City-St-Zip: FT LAUDERDALE, FL 33312 US

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:

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: ESTELLE POEWLL OS 04/30/2009

Electronic Signature of Signing Officer or Director — Date