

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 PM 1:23

TALLAHASSEE, FLORIDA

DOCUMENT # N94000006106 (8)

1. Corporation Name

EVANGELIST TEMPLE OF DIVINE HEALING, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
PO BOX 2071 PO BOX 2071
ST CLOUD FL 34770-2071 ST CLOUD FL 34770-2071

3. Date Incorporated or Qualified 12/02/1994
3a. Date of Last Report 12-2-94
4. FEI Number N/A
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 28 Zip

24 Country 25 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOUST, KATHLEEN M
17 S ORLANDO AVE
KISSIMMEE FL 34741

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent or Secretary of State

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE DP
2. NAME MARTINEZ, RAFAEL
3. STREET ADDRESS 123 LUCA LANE
4. CITY, ST, ZIP KISSIMMEE FL 34743
5. TITLE DV
6. NAME MARTINEZ, RUTH M
7. STREET ADDRESS 123 LUCA LANE
8. CITY, ST, ZIP KISSIMMEE FL 34743
9. TITLE D
10. NAME LA TORRE, MARIA
11. STREET ADDRESS 4704 MALLA RD DR.
12. CITY, ST, ZIP ST CLOUD FL 34772
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