

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

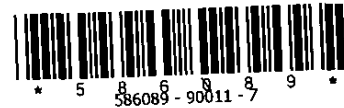
07-12-1999 90011 007 \*\*\*\*70.00

DOCUMENT # N96000000908  
Corporation Name  
**FACTORY TEMPLE CHURCH THE CHURCH OF GOD IN CHRIST  
ESUS, INC.**

Principal Place of Business  
**EV. OTHA ANDERSON  
425 SW 25TH STREET  
MIRAMAR, FL 33023**

Mailing Address  
**REV. OTHA ANDERSON  
6425 SW 25TH STREET  
MIRAMAR, FL 33023**

DOCUMENT - 1



|                             |  |                     |  |  |  |
|-----------------------------|--|---------------------|--|--|--|
| Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified<br><b>02/21/96</b>   |  |
| Suite, Apt. #, etc.         |  | Suite, Apt. #, etc. |  | 4. FEI Number<br><b>65-0829389</b>   |  |
| City & State                |  | City & State        |  | 5. Certificate of Status Desired <b>XX</b> <b>\$8.75</b> Additional Fee Required                                     |  |
| Zip - Country               |  | Zip - Country       |  | 6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>ANDERSON, REV. OTHA<br/>6425 SW 25TH STREET<br/>MIRAMAR, FL 33023</b> |  |  |  | 10. Name and Address of New Registered Agent |  |
| 81 Name   |  |  |  |  |  |
| 82 Street Address (P.O. Box Number is Not Acceptable)   |  |  |  |  |  |
| 83  |  |  |  |  |  |
| 84 City   |  |  |  | 85 Zip Code <b>FL</b>                        |  |

I, 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                            |                                   |
| 2. OFFICERS AND DIRECTORS |                         |  |   |                                 |                                   |
| LE                        | D                       | <input type="checkbox"/> DELETE  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 |                                   |
| ME                        | ANDERSON, REV. OTHA     |  | 1.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| REET ADDRESS              | 6425 SW 25TH STREET     |  | 1.2 NAME  |                                 |                                   |
| Y-ST-ZIP                  | MIRAMAR, FL 33023       |  | 1.3 STREET ADDRESS                                    |                                 |                                   |
| LE                        | SD                      | <input type="checkbox"/> DELETE  | 1.4 CITY-ST-ZIP                                       |                                 |                                   |
| ME                        | REYNOLDS, ELNORA        |  | 2.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| REET ADDRESS              | 2215 NW 101 STREET      |  | 2.2 NAME  |                                 |                                   |
| Y-ST-ZIP                  | MIAMI, FL 33147         |  | 2.3 STREET ADDRESS                                    |                                 |                                   |
| LE                        | D                       | <input type="checkbox"/> DELETE  | 2.4 CITY-ST-ZIP                                       |                                 |                                   |
| ME                        | JEAN-PHILLIP, NAOMI     |  | 3.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| REET ADDRESS              | 1150 NW 135TH STREET    |  | 3.2 NAME  |                                 |                                   |
| Y-ST-ZIP                  | MIAMI, FL 33126         |  | 3.3 STREET ADDRESS                                    |                                 |                                   |
| LE                        | O                       | <input type="checkbox"/> DELETE  | 3.4 CITY-ST-ZIP                                       |                                 |                                   |
| ME                        | RIVERS, ALFREDA         |  | 4.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| REET ADDRESS              | 1027 NW 95TH STREET, #4 |  | 4.2 NAME  |                                 |                                   |
| Y-ST-ZIP                  | MIAMI, FL 33150         |  | 4.3 STREET ADDRESS                                    |                                 |                                   |
| LE                        | O                       | <input type="checkbox"/> DELETE  | 4.4 CITY-ST-ZIP                                       |                                 |                                   |
| ME                        | ANDERSON, JANET         |  | 5.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| REET ADDRESS              | 5511 SW 32ND COURT      |  | 5.2 NAME  |                                 |                                   |
| Y-ST-ZIP                  | PEMBROKE PARK, FL 33023 |  | 5.3 STREET ADDRESS                                    |                                 |                                   |
| LE                        |                         | <input type="checkbox"/> DELETE  | 5.4 CITY-ST-ZIP                                       |                                 |                                   |
| ME                        |                         |  | 6.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| REET ADDRESS              |                         |  | 6.2 NAME  |                                 |                                   |
| Y-ST-ZIP                  |                         |  | 6.3 STREET ADDRESS                                    |                                 |                                   |
|                           |                         |  | 6.4 CITY-ST-ZIP                                       |                                 |                                   |

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, with all other like empowered.

SIGNATURE: [Signature] **6/30/99** (954) 985-8479  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)