

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001741

FILED
Apr 28, 2006
Secretary of State

Entity Name: FAITH TEMPLE BELIEVERS, INCORPORATED

Current Principal Place of Business:

330 SHILOH DRIVE
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 10611
PENSACOLA, FL 32524 US

New Mailing Address:

FEI Number: 59-3397343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENNIS, NANCY
406 NS STREET
PENSACOLA, FL 32505 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: PD () Delete
Name: WILLIAMS, CHESTER L
Address: 330 SHILOH DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: VD () Delete
Name: WILLIAMS, CAROLYN F
Address: 330 SHILOH DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: SD () Delete
Name: SUMPTER, SHERLY
Address: 501 NORTH
City-St-Zip: PENSACOLA, FL 32505

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLYN WILLIAMS

V

04/28/2006

Electronic Signature of Signing Officer or Director

Date