## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

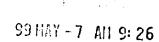
DOCUMENT # N9700003669

1. Corporation Name

BLESSED TEMPLE OF PRAISE MINISTRIES, INC.

Principal Place of Business 8439 SUDA TRAIL TALLAHASSEE FL 32312 Mailing Address

8439 SUDA TRAIL TALLAHASSEE FL 32312



TALEATH CONTROL FLORIDA



2. Principal P	Place of Business	Mailing Address				3. Date Incorporated or Qualifed 06/25/1997						
Sulte, Apt.	# etc	26	Suite, Apt. #, etc.				1	ğ-3	<b>ፈጣ</b> ፣	- I	TARR	hed For
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City & Stal	te	<del> </del>	City & State		_		· <del> </del>			\$8		dditional
23		-				5. Certificate of Status Desired Fee Required						
Zip	Country		Zip Cou				6. Election Campaign Financia	וים פי		\$:	5.00	May Be
24	25	30			Trust Fund Contribution Added to Fees							
	9. Name and Address of Curre	nt Regist	tered Agent		~ т		10. Name and Address of Ne	w Regis	stered	Agent		
				81	1	Name						
RICHARDSON, FRANKIE J 8439 SUDA TRAIL					2	Street Addre	dress (P.O. Box Number is Not Acceptable)					
					1			·				
TALLAHASSEE FL 32312					3							
1				84	4	City				85	Zip C	ode
1				"	1	J.(g			FL	.  "1	2.μ Ο	
office or i	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obligations are secured to the control of the	of Florida ations of	a. Such change was au Section 617.0503, Flor	ithorized by ida Statute	y ti	the corporation	n's board of directors. I hereby ac	cept the	appoi	cnangi ntment	ng its i as reg	egistered istered
	Signature, typed or printed name of registered age				erit	nignature required	•	_	ATE ATE			55 141 75
12.	OFFICERS A	ND DIREC		13.		rr	ADDITIONS/CHANGES TO	JEFICE	KS AN			
TITLE	CD				1.1 TITLE					☐ Cr	iange	☐ Addition
NAME				1.2 NAME	1.3 STREET ADDRESS		280003	25	74	71	>-	. 7
STREET ADDRESS							200002 -05/1	3790	ii0	111	0	16
CITY-ST-ZIP	TALLAHASSEE FL 32312		Decem	1.4 CITY-5		-ZIP		<b>*61</b> .	25	***	<b>+</b> +6	Addition
TITLE	VCD		☐ DELETE	21 TITLE							ange =	- []. waa aa aa
NAME	RICHARDSON, FRANKIE J			22 NAME								
STREET ADDRESS	8439 SUDA TRAIL			23 STREE								
CITY-ST-ZIP	TALLAHASSEE FL 32312		Document	2 4 CITY-	ST	-ZIP						C) Add:
TITLE	1		☐ DELETE	3 1 TITLE						[]] Ch	ange	Addition
NAME	WILLIAMS, ANDRE L			32 NAME								
STREET ADDRESS	12990 MICCOSUKEE ROAD			3 3 STREE								
CITY-ST-ZIP	TALLAHASSEE FL 32308		☐ DELETE	34 CITY	SŤ	'-ZIP				F7.6-	ande	—————————————————————————————————————
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NAME	WILLIAMS, PHOEBE A			4 2 NAME								
STREET ADDRESS	12990 MICCOSUKEE ROAD			43 STREE								
CITY-ST-ZIP	TALLAHASSEE FL 32308		□ DELETE	4 4 CITY-5	ST-	-ZIP				— — ·	2000	
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TITLE			LT DEFEIE	62 NAME			( !	1)		□ ¢h	ange	☐ Addition
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14. 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:

Hankip J. Richardson

5/7/99

850)425,6200

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