


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 09 1998 8:00am  
Secretary of State**

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**DOCUMENT # N97000006461 (4)**  
 Corporation Name  
**FAITH TEMPLE COMMUNITY DEVELOPMENT CORPORATION, INC.**



|                                                                                  |                                                                      |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business<br><b>4752 NW 6 PLACE<br/>COCONUT CREEK FL 33063</b> | Mailing Address<br><b>4752 NW 6 PLACE<br/>COCONUT CREEK FL 33063</b> |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|

|                                                                                                       |
|-------------------------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>11/17/1997</b>                                                |
| 4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |

|                                                            |                                              |
|------------------------------------------------------------|----------------------------------------------|
| 21. Principal Place of Business<br><b>1600 NW 17th Ave</b> | 22. Mailing Address<br><b>4752 NW 6th PL</b> |
| 23. City & State<br><b>Pompano Bch, FL</b>                 | 24. City & State<br><b>Coconut Creek, FL</b> |
| 25. Zip<br><b>33060</b>                                    | 26. Country<br><b>Broward</b>                |
| 27. Zip<br><b>33063</b>                                    | 28. Country<br><b>Broward</b>                |

|                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                              |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                           |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No                                          |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                                                                                                            |           |
|----------------------------------------------------------------------------------------------------------------------------|-----------|
| 9. Name and Address of Current Registered Agent<br><b>SHOWERS, RAYFIELD<br/>4752 NW 6 PLACE<br/>COCONUT CREEK FL 33063</b> |           |
| 81 Name                                                                                                                    |           |
| 82 Street Address (P.O. Box Number is Not Acceptable)                                                                      |           |
| 83                                                                                                                         |           |
| 84 City                                                                                                                    | <b>FL</b> |
| 85 Zip Code                                                                                                                |           |

|                                                       |           |
|-------------------------------------------------------|-----------|
| 10. Name and Address of New Registered Agent          |           |
| 81 Name                                               |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83                                                    |           |
| 84 City                                               | <b>FL</b> |
| 85 Zip Code                                           |           |

11. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|---------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | 1.2 NAME                                              | <b>D Clifford H. Durdan</b>                                                  |
| STREET ADDRESS             |                                 | 1.3 STREET ADDRESS                                    | <b>702 Blvd. Chokolaine E., Delray Bch, FL</b>                               |
| CITY-ST-ZIP                |                                 | 1.4 CITY-ST-ZIP                                       | <b>33445</b>                                                                 |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <b>D Willie Ruth Heath</b>                                                   |
| NAME                       |                                 | 2.2 NAME                                              | <b>1670 NW 5th Ave.</b>                                                      |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    | <b>Pompano Bch, FL 33060</b>                                                 |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | 3.2 NAME                                              | <b>D Marian Bell</b>                                                         |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    | <b>3541 NW 28th Ct.</b>                                                      |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       | <b>Lauderdale Lakes, FL 33311</b>                                            |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | 4.2 NAME                                              | <b>D Bessie Showers</b>                                                      |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    | <b>4752 NW 6th PL</b>                                                        |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       | <b>Coconut Creek, FL 33063</b>                                               |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       |                                                                              |

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.

SIGNATURE *Bessie Showers* 2/18/98 (954) 984-5987

CR2E037 (10/97)