


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90036 032 \*\*\*\*70.00

**DOCUMENT # N9700006461**

1. Entity Name  
**FAITH TEMPLE COMMUNITY DEVELOPMENT CORPORATION, INC.**



Principal Place of Business  
**1600 NW 17TH AVENUE  
 POMPANO BEACH, FL 33060 US**

Mailing Address  
**4752 NW 6TH PLACE  
 COCONUT CREEK, FL 33063 US**

64000000



2. Principal Place of Business  
**1518 NW 17th Ave.**

3. Mailing Address  
 Suite, Apt. #, etc.

01112004 Chg-NP CR2E037 (10/03)

City & State  
**Pompano Bch., FL.**

City & State  
 Suite, Apt. #, etc.

Zip  
**33069**

Country  
**Broward**

4. FEI Number  
**65-0886060**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SHOWERS, RAYFIELD  
 4752 NW 6 PLACE  
 COCONUT CREEK, FL 33063**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rayfield Showers* DATE 2/3/04

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25  
 Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HEATH, WILLIE RUTH 1670 NW 5TH AVENUE POMPANO BEACH, FL 33060</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FSM SHOWERS, BESSIE 4752 NW 6TH PL COCONUT CREEK, FL 33063</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHOWERS, BESSIE 4752 NW 6TH PLACE COCONUT CREEK, FL 33063</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GRANISON, APRYL 6356 WILLOWBAY CIRCLE LAKE WORTH, FL 33463</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GRANISON, APRIL 6356 WILLOWBAY CIR LAKE WORTH, FL 33463</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SCOTT, THERESA 1684 NE 17TH AVE #1 POMPANO BEACH, FL 33069</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Willie Ruth Heath 1651 NW 6th Ave. Pompano Bch., FL 33060</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rayfield Showers* DATE 2/3/04 (954) 984-5987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #