

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90066 005 ****70.00

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1. Entity Name

FAITH TEMPLE MINISTRY OF AVON PARK, INC.



Principal Place of Business

**36 E. MAIN STREET
AVON PARK FL 33825**

Mailing Address

**POST OFFICE BOX 626
AVON PARK FL 33826-0626**

00010046

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0887394

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAYLOR, EUGENE ELDER
1997 NORTH SHARON ROAD
AVON PARK FL 33825**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	D	<input type="checkbox"/> Delete
NAME	TAYLOR, EUGENE ELDER	
STREET ADDRESS	1997 N. SHARON ROAD	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, DORIS W	
STREET ADDRESS	1997 N. SHARON ROAD	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, SHIRLEY A	
STREET ADDRESS	1101 S. DELANEY AVENUE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, TRACIE	
STREET ADDRESS	2668 NORTH OSCEOLA RD.	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Minister	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Willie Olds	
STREET ADDRESS	4335 Navarre ave	
CITY-ST-ZIP	Sebring Florida 33872	
TITLE	Minister	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valarie Olds	
STREET ADDRESS	4335 Navarre ave	
CITY-ST-ZIP	Sebring Florida 33872	
TITLE	Youth Minister	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Dewberry	
STREET ADDRESS	4104 Bianca Street	
CITY-ST-ZIP	Sebring Florida 33872	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amanda Dewberry	
STREET ADDRESS	4104 Bianca Street	
CITY-ST-ZIP	Sebring Florida 33872	
TITLE	Minister	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Willie Hilton	
STREET ADDRESS	1925 ST Rd 64 W	
CITY-ST-ZIP	Avon Park Florida 33825	
TITLE	Minister	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Hilton	
STREET ADDRESS	1925 ST Rd 64 W	
CITY-ST-ZIP	Avon Park Florida 33825	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-05

Date

863.453.6338

Daytime Phone #