

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000622

FILED
Jan 08, 2007
Secretary of State

Entity Name: FAITH TEMPLE MINISTRY OF AVON PARK, INC.

Current Principal Place of Business:

36 E. MAIN STREET
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 626
AVON PARK, FL 338260626

New Mailing Address:

FEI Number: 65-0887394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAYLOR, EUGENE ELDER
1997 NORTH SHARON ROAD
AVON PARK, FL 33825 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: D () Delete
Name: TAYLOR, EUGENE ELDER
Address: 1997 N. SHARON ROAD
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: TAYLOR, DORIS W
Address: 1997 N. SHARON ROAD
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: WALKER, SHIRLEY A
Address: 1101 S. DELANEY AVENUE
City-St-Zip: AVON PARK, FL 33825

Title: MINI () Delete
Name: OLDS, WILLIE
Address: 4335 NAVARRE AVE
City-St-Zip: SEBRING, FL 33872

Title: MINI () Delete
Name: OLDS, VALARIE
Address: 4335 NAVARRE AVE
City-St-Zip: SEBRING, FL 33872

Title: YMIN () Delete
Name: DEWBERRY, KEVIN
Address: 4104 BIANCA STREET
City-St-Zip: SEBRING, FL 33872

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:

Title: () Change () Addition
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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: DORIS TAYLOR

D

01/08/2007

Electronic Signature of Signing Officer or Director

Date