

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737096

Entity Name: FAITH TEMPLE ASSEMBLY OF GOD, INC., OF PLANT CITY,
FLORIDA**Current Principal Place of Business:**4240 FRONTAGE RD, N.
PLANT CITY, FL 33565-9404**Current Mailing Address:**4240 FRONTAGE RD, N.
PLANT CITY, FL 33565-9404 US**FEI Number: 59-1453436****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**TRINKLE, ROBERT S
306 WEST REYNOLDS ST.
PLANT CITY, FL 33563 US*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**Officer/Director Detail :**

Title	S	Title	D
Name	ALMON, GAYLE	Name	STROBEL, GARY
Address	3202 E WILLIAMS RD	Address	1106 E. CHERRY ST.
City-State-Zip:	PLANT CITY FL 33565	City-State-Zip:	PLANT CITY FL 33563
Title	P	Title	VP
Name	KRAMER, PETER	Name	ALMON, SCOTT
Address	4240 FRONTAGE RD, N.	Address	5503 GREY HAWK LANE
City-State-Zip:	PLANT CITY FL 33565-9404	City-State-Zip:	LAKELAND FL 33810
Title	D	Title	D
Name	FUTCH, SEAN	Name	GREEN, EUGENE
Address	2570 IRIS ANN DR.	Address	4730 KNIGHTS STATION RD
City-State-Zip:	LAKELAND FL 33810	City-State-Zip:	LAKELAND FL 33810

I hereby 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 all other like empowered.

SIGNATURE: GAYLE ALMON**SECRETARY****01/20/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date