

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002484

**Entity Name:** FAITH TEMPLE APOSTOLIC MINISTRIES INTERNATIONAL INC.

**FILED**  
**Mar 30, 2021**  
**Secretary of State**  
**6792970213CC**

**Current Principal Place of Business:**

289 N 5TH ST  
EAGLE LAKE, FL 33839

**Current Mailing Address:**

517 PINTAIL CIRCLE  
AUBURNDALE, FL 33823 US

**FEI Number: 46-5095657**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

HYDE, RUDOLPH M  
517 PINTAIL CIRCLE  
AUBURNDALE, FL 33823 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            PRESIDENT, PASTOR  
Name            HYDE, RUDOLPH M  
Address        517 PINTAIL CIRCLE  
City-State-Zip: AUBURNDALE FL 33823

Title            VP  
Name            HYDE, MARLENE I  
Address        517 PINTAIL CIRCLE  
City-State-Zip: AUBURNDALE FL 33823

Title            TREASURER  
Name            FRAZER, YOULANDA  
Address        1917 4TH ST NE  
City-State-Zip: WINTER HAVEN FL 33881

Title            SECRETARY  
Name            FISHLEY, CLIVE  
Address        1513 KAYLOR CT NE  
City-State-Zip: WINTER HAVEN FL 33881

Title            DIRECTOR  
Name            GRAYSON, GEORGE  
Address        2515 SUNSET CIRCLE  
City-State-Zip: LAKE WALES FL 33898

*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: RUDOLPH HYDE**

**PRESIDENT**

**03/30/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date