

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -7 PH 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
FAITH TEMPLE OF JESUS CHRIST, INC.
DOCUMENT #
730320 (9)

Mailing Address
2045 OSCEOLA STREET
QUINCY FL 32351
Principal Place of Business
2045 OSCEOLA STREET
QUINCY FL 32351

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address 2a. Principal Place of Business
21 26
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip Country 29 Zip Country 30

3. Date Incorporated or Qualified 07/30/1974 3a. Date of Last Report 08/03/1993
4. FEI Number 05-0026100 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution
7. Nonprofit Exempt from \$138.75 Supplemental Fee \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
JOHNSON, MADISON
2045 OSCEOLA STREET
QUINCY FL 32351

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.
SIGNATURE Madison Johnson Sr. DATE 4/3/95
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when incorporated)

12. OFFICERS AND DIRECTORS
11 TITLE P/D
12 NAME JOHNSON, MADISON
13 STREET ADDRESS 2045 OSCEOLA STREET
14 CITY - ST - ZIP QUINCY FL
21 TITLE V/D
22 NAME JOHNSON, RHODINE
23 STREET ADDRESS 2045 OSCEOLA STREET
24 CITY - ST - ZIP QUINCY FL
31 TITLE S/D
32 NAME THOMPSON SONJA
33 STREET ADDRESS 4160 DARBY DRIVE
34 CITY - ST - ZIP TALLAHASSEE FL
41 TITLE T/D
42 NAME DIXON STARRETHA
43 STREET ADDRESS RT. 8 BOX 5 NA
44 CITY - ST - ZIP QUINCY FL
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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4/7/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: Madison Johnson Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR