


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 APR 26 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 730320</b> 1. Entity Name <b>FAITH TEMPLE OF JESUS CHRIST, INC.</b>	
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Principal Place of Business <b>2045 OSCEOLA STREET QUINCY, FL 32351-4014</b>	Mailing Address <b>2045 OSCEOLA STREET QUINCY, FL 32351-4014</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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04262005 Chg-NP CR2E037 (10/03)

City & State  Zip	City & State  Zip
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4. FEI Number <b>05-0025100</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>JOHNSON, MADISON 2045 OSCEOLA STREET QUINCY, FL 32351</b>	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City
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**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: <u><i>Madison Johnson Jr</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE: <u>4-26-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete <b>T</b> <b>DIXON, STARRETHA</b> RT 6 BOX 92 QUINCY, FL 32351
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete <b>T</b> <b>MCWHITE, SHARON</b> 1729 LUCKY STREET QUINCY, FL 32351
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete <b>D</b> <b>MOBLEY, OLLIE M</b> 224 BRADLEY STREET QUINCY, FL 32351
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700054001747</b> <b>05/06/05--01041--001 **70.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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: <u><i>Madison Johnson Jr</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>4-26-05</u> <small>Daytime Phone #</small>
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