



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 730320</b> 1. Entity Name <b>FAITH TEMPLE OF JESUS CHRIST, INC.</b>						FILED 06 APR 11 AM 3:59 	
Principal Place of Business <b>2045 OSCEOLA STREET QUINCY, FL 32351-4014</b>		Mailing Address <b>2045 OSCEOLA STREET QUINCY, FL 32351-4014</b>					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04112006 Chg-NP CR2E037 (11/05)			
City & State		City & State		4. FEI Number <b>05-0025100</b>			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>JOHNSON, MADISON 2045 OSCEOLA STREET QUINCY, FL 32351</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
<b>Make check payable to Florida Department of State</b>							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIXON, STARRETHA RT 6 BOX 92 QUINCY, FL 32351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCWHITE, SHARON 1729 LUCKY STREET QUINCY, FL 32351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Madison Johnson Sr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2045 Osceola St. Quincy, FL 32351			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOBLEY, OLLIE M 224 BRADLEY STREET QUINCY, FL 32351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Madison Johnson Sr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
Date				Daytime Phone #			