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Mar 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 730320 (9)

1. Corporation Name  
FAITH TEMPLE OF JESUS CHRIST, INC.



Principal Place of Business Mailing Address  
2045 OSCEOLA STREET 2045 OSCEOLA STREET  
QUINCY FL 32351-4014 QUINCY FL 32351-4014

3. Date Incorporated or Qualified 07/30/1974 3a. Date of Last Report 03/07/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 05-0025100-30 Applied For Not Applicable  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required  
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
24 Zip Country 29 Zip Country 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 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	JOHNSON, MADISON	1.2 NAME	
STREET ADDRESS	2045 OSCEOLA STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	QUINCY FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	JOHNSON, RHUDINE	2.2 NAME	
STREET ADDRESS	2045 OSCEOLA STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	QUINCY FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	
NAME	THOMPSON, SONJA	3.2 NAME	
STREET ADDRESS	4160 DARBY DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	
NAME	DIXON, STARRETHA	4.2 NAME	
STREET ADDRESS	RT. 6 BOX 5 NA	4.3 STREET ADDRESS	
CITY - ST - ZIP	QUINCY FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. Madison Johnson* 3/25/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000179

CR2E037 (9/96)