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May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morgham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730320 (9)
1. Corporation Name
FAITH TEMPLE OF JESUS CHRIST, INC.



Principal Place of Business 2045 OSCEOLA STREET QUINCY FL 32351-4014	Mailing Address 2045 OSCEOLA STREET QUINCY FL 32351-4014
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3. Date Incorporated or Qualified 07/30/1974		
4. FEI Number 05-0025100	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

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	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 *M. Johnson* **F.D.** **3/18-98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, MADISON	
STREET ADDRESS	2045 OSCEOLA STREET	
CITY-ST-ZIP	QUINCY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, RHUDINE	
STREET ADDRESS	2045 OSCEOLA STREET	
CITY-ST-ZIP	QUINCY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, SONJA	
STREET ADDRESS	4160 DARBY DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DIXON, STARRETHA	
STREET ADDRESS	RT. 6 BOX 5 NA	
CITY-ST-ZIP	QUINCY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD Sharon D. mcwhite
3.3 STREET ADDRESS	1729 Lucky Street
3.4 CITY-ST-ZIP	Quincy, Fla 32351
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	400002533234
6.3 STREET ADDRESS	-05/22/98--01050--018
6.4 CITY-ST-ZIP	***61.25

14. 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 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. Johnson* **3/18/98**

CR2E037 (10/97)

FAITH TEMPLE OF JESUS CHRIST, Inc.
2045 OSCEOLA STREET
Quincy, Florida 32351

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Ref.Number: 730320

Designated Titles:

Starreatha Dixon
Rt. 6 box 92
Quincy, Florida 32351
Phone number 627-1313
Position T - TRUSTEES

Sharon McWhite
1729 Lucky Street
Quincy, Florida 32351
Phone number 875-3122
Position T - TRUSTEES

Ollie M. Mobley
224 Bradley Street
Quincy, Florida 32351
Phone number 627-7174
Position D - DIRECTOR

Letter Number 798A00022285

If you have any futher questions please contact
Madison Johnson at (850- 627-3640).