


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90058 039 ****61.25

DOCUMENT # 707838 1. Entity Name THE FIRST PENTECOSTAL TABERNACLE, INC. OF TAMPA					
Principal Place of Business 7416 E. MOHAWK AVE. TAMPA FL 33610		Mailing Address 7416 E. MOHAWK AVE. TAMPA FL 33610			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2891230		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCNATT, REV. HUGH A. DECEASED 7420 E. MOHAWK AVE. TAMPA FL 33610			7. Name and Address of New Registered Agent Name WILLIAM G. AUTREY, REV. Street Address (P.O. Box Number is Not Acceptable) 7410 E. DELEUIL AVE. City TAMPA FL Zip Code 33610-4206		
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>WILLIAM G. AUTREY</u> 4/9/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MCNATT, HUGH A 7420 E. MOHAWK AVE. TAMPA FL 33610	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WILLIAM G. AUTREY 7410 E. DELEUIL AVE. TAMPA, FL 33610-4206		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete AUTREY, SYLVIA F 7410 E. DELEUIL AVE. TAMPA FL 33610	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HELMS, DARLENE R 2609 MARTUCCI ROAD SEFFNER, FL 33584		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MCNATT, MARY L. 7420 E. MOHAWK AVENUE TAMPA FL 33610	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AUTREY, SYLVIA F. 7410 E. DELEUIL AVE. TAMPA, FL 33610-4206		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete AUTREY, WILLIAM G 7410 E. DELEUIL AVENUE TAMPA FL 33610	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MCNATT, HUGH A 7420 E. MOHAWK AVENUE TAMPA FL 33610	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MILES, SIMON L. 2424 MARCONI STREET TAMPA, FL 33605		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete BILES, MICHAEL E. 3527 LISA LANE LAKELAND FL 33610	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 Section 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:		WILLIAM G. AUTREY <i>William G. Autrey</i>		4/9/07 813 626 2090	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	