


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

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 AUTREY, WILLIAM G REV 7410 S DELEUIL AVE TAMPA FL 33610		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 _____		DATE _____	
<small>Signature, typed or printed name of registered agent and title, if applicable.</small>		<small>(NOTE: Registered Agent signature required when re-appointing)</small>	

FILE NOW - FEE IS \$61.25 Due By May 1, 2008	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	MCNATT, HUGH A	DECEASED <input checked="" type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		7420 E. MOHAWK AVE.		STREET ADDRESS			
CITY- ST- ZIP		TAMPA FL 33610		CITY- ST- ZIP		U00000806021 02/06/08-80026-012 61.25	
TITLE	S	AUTREY, SYLVIA F	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		7410 E. DELEUIL AVE.		STREET ADDRESS			
CITY- ST- ZIP		TAMPA FL 33610		CITY- ST- ZIP			
TITLE	S	HELMS, DARLENE R	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		22609 MARTUCCI RD		STREET ADDRESS			
CITY- ST- ZIP		SEFFNER FL 33584		CITY- ST- ZIP			
TITLE	D	AUTREY, WILLIAM G	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		7410 E. DELEUIL AVENUE		STREET ADDRESS			
CITY- ST- ZIP		TAMPA FL 33610		CITY- ST- ZIP			
TITLE	D	MILES, SIMON L	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		2424 MARCONI ST		STREET ADDRESS			
CITY- ST- ZIP		TAMPA FL 33605		CITY- ST- ZIP			
TITLE	D	BILES, MICHAEL E.	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		3527 LISA LANE		STREET ADDRESS			
CITY- ST- ZIP		LAKELAND FL 33610		CITY- ST- ZIP			

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* WILLIAM G. AUTREY JAN. 29, 08 813 626 2090