

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 17, 2008 8:00 am
Secretary of State

05-01-2008 90206 014 ****61.25

DOCUMENT # N05000008447 1. Entity Name EVANGELISTIC TENT MINISTRY, INC. OF SEMINOLE COUNTY																																																																				
Principal Place of Business 209 B WEST 1ST ST. SANFORD, FL 32771 405-A-HOLLY AVE		Mailing Address 209 B W. 1ST ST SANFORD, FL 32771																																																																		
2. Principal Place of Business- No P.O. Box # 405-A-HOLLY AVE City & State SANFORD FLORIDA Zip 32771 Country SEMINOLE		3. Mailing Address 405-A-HOLLY AVE City & State SANFORD FLORIDA Zip 32771 Country SEMINOLE																																																																		
4. FEI Number 56-2589218		Applied For ☐ Not Applicable																																																																		
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																		
6. Name and Address of Current Registered Agent PEREZ, RONNIE SR. 2664 E. WACO DR. DELTONA, FL 32738		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 <u><i>Ronnie Perez Sr.</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) <u>4/25/08</u> DATE																																																																				
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																		
Make check payable to Florida Department of State																																																																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">☐ Delete</td> </tr> <tr> <td></td> <td>PD JAMES, TIMOTHY</td> <td>405-A HOLLY AVE.</td> <td>SANFORD, FL 32771</td> <td></td> </tr> <tr> <td></td> <td>VPD PATTERSON, WILLIE</td> <td>39 MCKENLEY LANE</td> <td>SANFORD, FL 32771</td> <td></td> </tr> <tr> <td></td> <td>D FAISON, RETINA</td> <td>405-A HOLLY AVE.</td> <td>SANFORD, FL 32771</td> <td></td> </tr> <tr> <td></td> <td>D LONG, SAMONE</td> <td>38 HIGGINS TERRACE</td> <td>SANFORD, FL 32771</td> <td></td> </tr> <tr> <td></td> <td>D JAMES, ROSETTA</td> <td>405-A HOLLY AVE.</td> <td>SANFORD, FL 32771</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete		PD JAMES, TIMOTHY	405-A HOLLY AVE.	SANFORD, FL 32771			VPD PATTERSON, WILLIE	39 MCKENLEY LANE	SANFORD, FL 32771			D FAISON, RETINA	405-A HOLLY AVE.	SANFORD, FL 32771			D LONG, SAMONE	38 HIGGINS TERRACE	SANFORD, FL 32771			D JAMES, ROSETTA	405-A HOLLY AVE.	SANFORD, FL 32771							TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition																									
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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><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>5/29/08</u> Date																																																																				

ATTACHMENT

66014326

#N05000008447

TIME F

Please Send NEW

INCORPORATION PAPERS
to this address:

405' A- HOLLY AVE

SANFORD FL 32771