

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009584

FILED  
Apr 27, 2008  
Secretary of State

**Entity Name:** HIGHWAY OF FAITH TABERNACLE, INC.

**Current Principal Place of Business:**

3550 N. JOG ROAD  
WEST PALM BEACH, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 223116  
WEST PALM BEACH, FL 33422 US

**New Mailing Address:**

**FEI Number:** 20-3523396

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLLINGSWORTH, NOEL  
3220 N. HAVERHILL ROAD  
B-111  
WEST PALM BEACH, FL 33417 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOLLINGSWORTH, NOEL  
Address: 3220 NORTH HAVERHILL ROAD, B-111  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: T ( ) Delete  
Name: HOLLINGSWORTH, JOSEPH P  
Address: 8400 NW 38 STREET  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: S ( ) Delete  
Name: HOLLINGSWORTH, MAUVA  
Address: 3220 NORTH HAVERHILL ROAD, B-111  
City-St-Zip: WEST PALM BEACH, FL 33417 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOEL HOLLINGSWORTH

P

04/27/2008

Electronic Signature of Signing Officer or Director

Date