2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N05000009584

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:

HOLLINGSWORTH, NOEL
1661 SW CHICORY TERRACE
PORT SAINT LUCIE, FL 34953 US

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: _____ 01/29/2009
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: P (X) Change ( ) Addition
Name: HOLLINGSWORTH, NOEL
Address: 1661 SW CHICORY TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

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

Title: S (X) Change ( ) Addition
Name: HOLLINGSWORTH, MAUVA
Address: 1661 SW CHICORY TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

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 RA 01/29/2009
Electronic Signature of Signing Officer or Director — Date