

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011094

FILED
Mar 22, 2012
Secretary of State

Entity Name: EMPOWERING TABERNACLE HOUSE OF PRAYER OUTREACH MINISTRIES APOSTOLIC FAITH, INC.

Current Principal Place of Business:

1491 BERRY STREET
JENNINGS, FL 32053

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 484
JENNINGS, FL 32053

New Mailing Address:

FEI Number: 83-0492902 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JACKSON, PHILLIP M PASTOR
1491 BERRY STREET
JENNINGS, FL 32053 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
Name: JACKSON, PHILLIP M
Address: 1491 BERRY STREET
City-St-Zip: JENNINGS, FL 32053

Title: D
Name: WILSON, LAKETHA D
Address: 904 BYNUM AVE SW
City-St-Zip: LIVE OAK, FL 32064

Title: D
Name: SEALY, HATTIE M
Address: P.O. BOX 653
City-St-Zip: JASPER, FL 32052

Title: D
Name: LANIER, VINCENT SR
Address: PO BOX 414
City-St-Zip: JENNINGS, FL 32053

Title: D
Name: JOHNSON, JOSHUA J
Address: 1454 BERRY STREET
City-St-Zip: JENNINGS, FL 32053

Title: D
Name: WARREN, RICHARD
Address: PO BOX 124
City-St-Zip: JASPER, FL 32052

I hereby 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 all other like empowered.

SIGNATURE: PHILLIP M JACKSON

P

03/22/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date