

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000011094

**FILED**  
**Mar 26, 2013**  
**Secretary of State**  
**CC5642698196**

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

**Current Principal Place of Business:**

1491 BERRY STREET  
JENNINGS, FL 32053

**Current Mailing Address:**

P.O. BOX 484  
JENNINGS, FL 32053

**FEI Number: 83-0492902**

**Certificate of Status Desired: No**

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

JACKSON, PHILLIP M PASTOR  
1491 BERRY STREET  
JENNINGS, FL 32053 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: PHILLIP JACKSON**

**03/26/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name JACKSON, PHILLIP M  
Address 1491 BERRY STREET  
City-State-Zip: JENNINGS FL 32053

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

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

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

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

Title D  
Name WARREN, RICHARD  
Address PO BOX 124  
City-State-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 JACKSON**

**P**

**03/26/2013**

Electronic Signature of Signing Officer/Director Detail

Date