## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011094

Entity Name: EMPOWERING TABERNACLE HOUSE OF PRAYER OUTREACH

MINISTRIES APOSTOLIC FAITH, INC.

**Current Principal Place of Business:** 

611 SW 12TH AVE JASPER, FL 32052

**Current Mailing Address:** 

P.O. BOX 874

JASPER, FL 32052 US

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 04/12/2016

Electronic Signature of Registered Agent

Date

FILED Apr 12, 2016

**Secretary of State** 

CC9307942760

## Officer/Director Detail:

Title **PASTOR** Title **BOARD MEMBER** Name JACKSON, PHILLIP M Name WILSON, LAKETHA D Address 1491 BERRY STREET Address 904 BYNUM AVE SW City-State-Zip: JENNINGS FL 32053 City-State-Zip: LIVE OAK FL 32064

Title **BOARD MEMBER** Title **CLERK** Name SEALY, HATTIE M Name JOHNSON, JOSHUA J Address P.O. BOX 653 Address 1454 BERRY STREET City-State-Zip: JENNINGS FL 32053 City-State-Zip: JASPER FL 32052

Title BOARD MEMBER Title MOTHER OF THE CHURCH

NameLASTER, GEROME CNameJACKSON, LEDIA SAddress301 PENDLETON AVEAddress1491 BERRY STREETCity-State-Zip:VALDOSTA GA 31601City-State-Zip: JENNINGS FL 32053

Title BOARD MEMBER

Name LOCKE, VALLIE

Address PO BOX 409

City-State-Zip: JENNINGS FL 32053

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 PASTOR 04/12/2016