

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000007586

Entity Name: NATIONAL FAITH ADVISORY BOARD, INC.**Current Principal Place of Business:**505 E. MCCORMICK RD.
APOPKA, FL 32703**Current Mailing Address:**505 E. MCCORMICK RD.
APOPKA, FL 32703 US**FEI Number:** 93-2166989**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAULA WHITE
505 E. MCCORMICK RD.
APOPKA, FL 32703 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name PASTOR PAULA WHITE
Address 505 E. MCCORMICK RD.
City-State-Zip: APOPKA FL 32703

Title D
Name DR. TIM CLINTON
Address 129 VISTAE CENTRE DR.
City-State-Zip: FOREST VA 24551

Title D
Name PASTOR TODD LAMPHERE
Address 825 LA GRAN VIA LN.
City-State-Zip: APOPKA FL 32703

Title D
Name DR. JAY STACK
Address 1560 N. ORANGE AVE., STE. 200
City-State-Zip: WINTER PARK FL 32789

Title D
Name PATRICK CLINE
Address 222 W. LAS COLINAS BLVD., STE.
2200 N
City-State-Zip: IRVING TX 75039

Title D
Name PASTOR JENTEZEN FRANKLIN
Address 1290 MCEVER RD.RE DR.
City-State-Zip: GAINESVILLE GA 30504

Title D
Name PASTOR RAMIRO PENA
Address 4777 LAKE SHORE DR.
City-State-Zip: WACO TX 76710

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: PAULA WHITE**DIRECTOR****02/16/2024**

Electronic Signature of Signing Officer/Director Detail

Date