2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# 705919

Entity Name: CARTER TABERNACLE CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

1 SOUTH COTTAGE HILL RD.
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

1 SOUTH COTTAGE HILL RD.
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3020418 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PRYOR, THOMAS E JR
2111 E. MICHIGAN ST
SUITE 202
ORLANDO, FL 32806 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: PD ( ) Delete
Name: COLLINS, GARY N.,
Address: ONE S. COTTAGE HILL RD
City-St-Zip: ORLANDO, FL 32805 US

Title: TD ( ) Delete
Name: BURNETT, ALLEN
Address: 705 COOKMAN
City-St-Zip: ORLANDO, FL 32805

Title: SD ( ) Delete
Name: SETTLES, RUTH
Address: 1801 PATTERSON AVE.
City-St-Zip: ORLANDO, FL 32811

Title: D ( ) Delete
Name: HENRY, WILLIAM
Address: 4425 MALIBU STREET
City-St-Zip: ORLANDO, FL 32811

Title: D ( ) Delete
Name: BENTLEY, JAMES
Address: 1005 RED DANDY DRIVE
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BURNS, VANESSEE DR.
Address: ONE S. COTTAGE HILL RD
City-St-Zip: ORLANDO, FL 32805 US

Title: TD (X) Change ( ) Addition
Name: BURNETT, ALLEN
Address: 705 COOKMAN AVE
City-St-Zip: ORLANDO, FL 32805

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

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

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

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: DR. VANESSEE BURNS PD 04/30/2008

Electronic Signature of Signing Officer or Director — Date