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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **710310** **(4)**

1. Corporation Name
GOD'S FAITH TABERNACLE, INC.

Principal Place of Business	Mailing Address
208 DIXIE AVENUE CALLAHAN FL 32011	P.O. BOX 1601 CALLAHAN FL 32011-1601

3. Date Incorporated or Qualified: 02/04/1966
3a. Date of Last Report: 05/06/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-2867788 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MIDYETTE, JOE REV.
207 4TH AVENUE
CALLAHAN FL 32011

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MIDYETTE, JOE REV.		1.2 NAME		
STREET ADDRESS	207 FOURTH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CALLAHAN FL 32011		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, LARRY SR.		2.2 NAME		
STREET ADDRESS	RT. 1, BOX 218		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRYCEVILLE FL 32011		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MIDYETTE, LINDA REV.		3.2 NAME		
STREET ADDRESS	207 FOURTH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CALLAHAN FL 32011		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COURTNEY, LISA		4.2 NAME		
STREET ADDRESS	RT. 1, BOX 218		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRYCEVILLE FL 32011		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, RITA		5.2 NAME		
STREET ADDRESS	RT. 1, BOX 1158		5.3 STREET ADDRESS		
CITY-ST-ZIP	CALLAHAN FL 32011		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MIDYETTE, LARRY E		6.2 NAME		
STREET ADDRESS	210 DIXIE AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	CALLAHAN FL 32011		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rev. Joe Midyette - President 1-23-97 904-879-5323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0000115