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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710310

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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

2. Principal Place of Business 21 5508 Dixie Avenue Suite, Apt. #, etc. 22 Callahan, Fla City & State 23 32011 Nassau Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 02/04/1966 4. FEI Number 59-2867788 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MIDYETTE, JOE REV. 5339 4TH AVENUE CALLAHAN FL 32011	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	5339 4TH 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	5339 4TH 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	P.O.BOX 1479 N/A		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	5504 DIXIE AVENUE		6.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL 32011		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Reverend Richard Midyette RED 2-16-99 904-879-5323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #