2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # 710310** Feb 16, 2000 8:00 am 1. Entity Name **Secretary of State** GOD'S FAITH TABERNACLE, INC. 02-16-2000 90011 016 ****70.00 Principal Place of Business Mailing Address-5508DIXIE AVE P.O. BOX 1601 **CALLAHAN FL 32011-1601** 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2867788 Not Applicable Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired 20 45**5**A CC 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MIDYETTE, JOE REV. 5339 4TH AVENUE CALLAHAN FL 32011 (15) Zip Code 8. 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. 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE ☐ Change ☐ Addition MIDYETTE, JOE REV. NAME NAME 5339 4TH AVENUE STREET ADDRESS STREET ADDRESS CALLAHAN FL 32011 CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE ☐ Change TIT) F CARTER, LARRY SR. NAME NAME STREET ADDRESS RT. 1, BOX 218 STREET ADDRESS BRYCEVILLE FL 32011 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition MIDYETTE, LINDA REV. NAME NAME 5339 4TH AVENUE STREET ADDRESS STREET ADDRESS CALLAHAN FL 32011 CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE ☐ Addition COURTNEY, LISA NAME NAME RT. 1. BOX 218 STREET ADDRESS STREET ADDRESS **BRYCEVILLE FL 32011** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition CARTER, RITA NAME P.O.BOX 1479 N/A STREET ADDRESS STREET ADDRESS CALLAHAN FL 32011 CITY-ST-ZIP CITY-ST-ZIP Delete 🙃 ☐ Addition NAME NAME MIDYETTE, LARRY E NAME 5504 DIXIE AVENUE STREET ADDRESS STREET ADDRESS CALLAHAN FL 32011 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 clirector, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.