

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 710310

1. Entity Name

GOD'S FAITH TABERNACLE, INC.



Principal Place of Business

5508 DIXIE AVE
CALLAHAN FL 32011
US

Mailing Address

P.O. BOX 1601
CALLAHAN FL 32011
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2867788

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIDYETTE, JOE REV.
5339 4TH AVENUE
CALLAHAN FL 32011

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

REV. Joe Midyette

President

2-11-2005

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME MIDYETTE, JOE REV.
STREET ADDRESS 5339 4TH AVENUE
CITY- ST- ZIP CALLAHAN FL 32011

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000230319
CITY- ST- ZIP 02/15/05-80038-023 70.00

TITLE ST ☐ Delete
NAME MIDYETTE, STEPHANIE
STREET ADDRESS 2455 CONGRESS PLACE
CITY- ST- ZIP BRYCEVILLE FL 32009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE V ☐ Delete
NAME MIDYETTE, LINDA REV.
STREET ADDRESS 5339 4TH AVENUE
CITY- ST- ZIP CALLAHAN FL 32011

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME COURTNEY, LISA
STREET ADDRESS RT. 1, BOX 218
CITY- ST- ZIP BRYCEVILLE FL 32011

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME CARTER, RITA
STREET ADDRESS P.O. BOX 1479 N/A
CITY- ST- ZIP CALLAHAN FL 32011

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME CARTER, LARRY JR
STREET ADDRESS 2929 WALLER STREET
CITY- ST- ZIP JACKSONVILLE FL 32254

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. 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 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rev. Joe Midyette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-2005

904-899-5323

Date

Daytime Phone #