

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 710310

1. Entity Name

GOD'S FAITH TABERNACLE, INC.



Principal Place of Business

Mailing Address

45260 DIXIE AVE
CALLAHAN FL 32011
US

P.O. BOX 1601
CALLAHAN FL 32011
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2867788

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIDYETTE, JOE REV.
44209 PINE BREEZE CIR
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

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

(NOTE: Registered Agent Signature required when re-registering)

DATE

2-7-2007

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	<input type="checkbox"/> Delete
NAME	MIDYETTE, JOE REV.	
STREET ADDRESS	44209 PINE BREEZE CIR	
CITY-STATE-ZIP	CALLAHAN FL 32011	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MIDYETTE, STEPHANIE	
STREET ADDRESS	2455 CONGRESS PLACE	
CITY-STATE-ZIP	BRYCEVILLE FL 32009	
TITLE	V	<input type="checkbox"/> Delete
NAME	MIDYETTE, LINDA REV.	
STREET ADDRESS	44209 PINE BREEZE CIR	
CITY-STATE-ZIP	CALLAHAN FL 32011	
TITLE	D	<input type="checkbox"/> Delete
NAME	COURTNEY, LISA	
STREET ADDRESS	RT. 1, BOX 218	
CITY-STATE-ZIP	BRYCEVILLE FL 32011	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, RITA	
STREET ADDRESS	2929 WALLER ST	
CITY-STATE-ZIP	JACKSONVILLE FL 32254	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, LARRY JR	
STREET ADDRESS	2929 WALLER STREET	
CITY-STATE-ZIP	JACKSONVILLE FL 32254	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

U00000630428
02/20/07-80006-020 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 - Pastor

2-7-2007

904-877-5323