## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

CARTER, RITA

2929 WALLER ST

CARTER, LARRY JR

2929 WALLER STREET

JACKSONVILLE FL 32254

JACKSONVILLE FL 32254

NAME

TITLE

NAME

STREET AUDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

## FILED Feb 12, 2008 8:00 am Secretary of State DOCUMENT # 710310 1. Entity Name 02-12-2008 90011 028 \*\*\*\*70.00 GOD'S FAITH TABERNACLE, INC. Principal Place of Business Mailing Address 45260 DIXIE AVE P.O. BOX 1601 CALLAHAN FL 32011 CALLAHAN FL 32011 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-2867788 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIDYETTE, JOE REV. Street Address (P.O. Box Number is Not Acceptable) 44209 PINE BREEZE CIR CALLAHAN FL 32011 Zip Code FL 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 Signature, typed or printed name of registered agent and theid applicable (NOTE: Registered Agent signature required when reinstating) rutter in the FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution, Due By May 1, 2008. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TIDE Delete TITLE ☐ Change ■ Addition MIDYETTE, JOE REV. HAME NAME 44209 PINE BREEZE CIR STREET ADDRESS STREET 4DORESS CALLAHAN FL 32011 CITY-ST-ZIP CITY-ST-ZIP ST Delate Change TITLE TITLE Addition MIDYETTE, STEPHANIE PHYLLIS J. PARTRIDGE 10945 FOWN AVE MARKE MANAF STREET ADDRESS 2455 CONGRESS PLACE STREET ADDRESS BRYCEVILLE FL 32009 CITY-ST-ZIP CITY-ST-ZIP ZACKSONVILLE, FL 32219 . Delete TITLE \_\_\_Change \_\_\_\_ Addition TITLE MIDYETTE, LINDA REV. NAME 44209 PINE BREEZE CIR STREET ADDRESS STREET ADDRESS CALLAHAN FL 32011 CITY-ST-ZIP CITY-ST-ZIP THE ☐ Dalete TITLE ☐ Change neitibbA 🔲 COURTNEY, LISA HAME NAME RT. 1, BOX 218 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRYCEVILLE FL 32011 CITY-ST-ZIP **Z** Delete TITLE Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not quality for the exemptions on the faction 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

CITY-ST-ZiP

TITLE

NAME

Delete

SIGNATURE: Les Joe molyette EEV JOE Midvette - Partar. 2-4-2008 904-879-532)