

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710310

FILED
Feb 24, 2009
Secretary of State

Entity Name: GOD'S FAITH TABERNACLE, INC.

Current Principal Place of Business:

45260 DIXIE AVE
CALLAHAN, FL 32011 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1601
CALLAHAN, FL 32011 US

New Mailing Address:

FEI Number: 59-2867788 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIDYETTE, JOE REV.
44209 PINE BREEZE CIR
CALLAHAN, FL 32011 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MIDYETTE, JOE REV.
Address: 44209 PINE BREEZE CIR
City-St-Zip: CALLAHAN, FL 32011

Title: ST () Delete
Name: PARTRIDGE, PHYLLIS T
Address: 109 45 IOWA AVE
City-St-Zip: JACKSONVILLE, FL 32219

Title: V () Delete
Name: MIDYETTE, LINDA REV.
Address: 44209 PINE BREEZE CIR
City-St-Zip: CALLAHAN, FL 32011

Title: D () Delete
Name: COURTNEY, LISA
Address: RT. 1, BOX 218
City-St-Zip: BRYCEVILLE, FL 32011

Title: D () Delete
Name: WRIGHT, BWOLEN
Address: 2455 CONGRESS PLACE
City-St-Zip: BRYCEVILLE, FL 32009

Title: D () Delete
Name: HARRISS, RAY A
Address: 1627 ROCKERMAN AVE
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE MIDYETTE

PRES

02/24/2009

Electronic Signature of Signing Officer or Director

_____ Date