

FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **716807** (3)  
1. Corporation Name  
**FAITH TABERNACLE CHRISTIAN CHURCH, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>1026 N.W. EIGHTH STREET<br/>HALLANDALE FL 33009</b> | Mailing Address<br><b>POST OFFICE BOX 4874<br/>HOLLYWOOD FL 33083</b> |
|---|---|

|  |                                    |  |
|--|------------------------------------|--|
| 3. Date Incorporated or Qualified<br><b>06/27/1969</b> | 4. FEI Number<br><b>59-2760698</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|--|------------------------------------|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 <b>4111 S.W. 39th St.</b><br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 <b>Lake Forest, FL</b><br>Zip<br>24 <b>33023</b> | 2a. Mailing Address<br>26 <b>P.O. Box 4874</b><br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 <b>Hollywood, FL</b><br>Zip<br>29 <b>33083</b><br>Country<br>30 <b>U.S.A.</b> |
|--|---|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE FL 32301**

|                                     |  |
|-------------------------------------|--|
| 81 Name<br><b>Arthenia SM. Lowe</b> | 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>6306 Pembroke Rd</b> |
| 83                                  | 84 City<br><b>Miramar</b>  |
| 85 Zip Code<br><b>33023</b>         | 86 State<br><b>FL</b>  |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Arthenia SM. Lowe** - **Arthenia SM. Lowe** (Signature) DATE **2/28/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating)

| 12. OFFICERS AND DIRECTORS |                                   |                                 |
|----------------------------|-----------------------------------|---------------------------------|
| TITLE                      | <b>POCS</b>                       | <input type="checkbox"/> DELETE |
| NAME                       | <b>LOWE (MITCHELL), MINNIE L</b>  |                                 |
| STREET ADDRESS             | <b>5726 SOUTHWEST 18TH STREET</b> |                                 |
| CITY-ST-ZIP                | <b>HOLLYWOOD FL 33023</b>         |                                 |
| TITLE                      | <b>TDC</b>                        | <input type="checkbox"/> DELETE |
| NAME                       | <b>GLOVER, CLEVELAND SR.</b>      |                                 |
| STREET ADDRESS             | <b>4511 S.W. 24TH ST.</b>         |                                 |
| CITY-ST-ZIP                | <b>HOLLYWOOD FL 33023</b>         |                                 |
| TITLE                      | <b>VM</b>                         | <input type="checkbox"/> DELETE |
| NAME                       | <b>GREEN, WANDA</b>               |                                 |
| STREET ADDRESS             | <b>5726 SW 18TH ST.</b>           |                                 |
| CITY-ST-ZIP                | <b>HOLLYWOOD FL 33023</b>         |                                 |
| TITLE                      | <b>D</b>                          | <input type="checkbox"/> DELETE |
| NAME                       | <b>TAYLOR, VERSIE M.</b>          |                                 |
| STREET ADDRESS             | <b>212 NW 2ND AVE</b>             |                                 |
| CITY-ST-ZIP                | <b>HALLANDALE FL 33009</b>        |                                 |
| TITLE                      | <b>D</b>                          | <input type="checkbox"/> DELETE |
| NAME                       | <b>ROGERS, BESSIE L.</b>          |                                 |
| STREET ADDRESS             | <b>919 FOSTER ROAD</b>            |                                 |
| CITY-ST-ZIP                | <b>HALLANDALE FL</b>              |                                 |
| TITLE                      | <b>D</b>                          | <input type="checkbox"/> DELETE |
| NAME                       | <b>WALTERS, JIMMY</b>             |                                 |
| STREET ADDRESS             | <b>2243 SHERIDAN STREET</b>       |                                 |
| CITY-ST-ZIP                | <b>HOLLYWOOD FL 33020</b>         |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |   |
|---|--|---|
| 1.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |  |   |
| 1.3 STREET ADDRESS                                    |  |   |
| 1.4 CITY-ST-ZIP                                       |  |   |
| 2.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |  |   |
| 2.3 STREET ADDRESS                                    |  |   |
| 2.4 CITY-ST-ZIP                                       |  |   |
| 3.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |  |   |
| 3.3 STREET ADDRESS                                    |  |   |
| 3.4 CITY-ST-ZIP                                       |  |   |
| 4.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |  |   |
| 4.3 STREET ADDRESS                                    |  |   |
| 4.4 CITY-ST-ZIP                                       |  |   |
| 5.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |  |   |
| 5.3 STREET ADDRESS                                    |  |   |
| 5.4 CITY-ST-ZIP                                       |  |   |
| 6.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |  |   |
| 6.3 STREET ADDRESS                                    |  |   |
| 6.4 CITY-ST-ZIP                                       |  |   |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Minnie L. Lowe Pastor**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/98 (954) 962-9100**  
Date Daytime Phone # **0073785**

CR2E037 (10/97)