

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717322

FILED  
Feb 19, 2009  
Secretary of State

**Entity Name:** PENTECOSTAL APOSTOLIC FAITH TABERNACLE, INC.

**Current Principal Place of Business:**

841 NW 70TH STREET  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

9825 NW 13TH AVENUE  
MIAMI, FL 331472605 US

**New Mailing Address:**

**FEI Number:** 59-2802474

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROBERTSON, MARTINIECE  
12900 SW 20TH ST  
MIRAMAR, FL 33027 US

**Name and Address of New Registered Agent:**

CLARKE, CAROLYN  
9150 NW 29TH COURT  
MIAMI, FL 33147 US

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: CAROLYN CLARKE

02/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SNYDER, LENA R.,  
Address: 9825 NW 13TH AVENUE  
City-St-Zip: MIAMI, FL 33147

Title: SD ( ) Delete  
Name: ROBERTSON, MARTINIECE, E  
Address: 12900 SW 20 ST  
City-St-Zip: MIAMI, FL 33127

Title: TD ( ) Delete  
Name: HOWARD, DIANE  
Address: 2760 NW 211 ST  
City-St-Zip: MIAMI, FL 33055

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD (X) Change ( ) Addition  
Name: CLARKE, CAROLYN,  
Address: 9150 NW 29TH COURT  
City-St-Zip: MIAMI, FL 33147

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: SNYDER, LENA R

PD

02/19/2009

Electronic Signature of Signing Officer or Director

Date