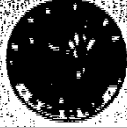


FILE NOW: FILING FEE AFTER MAY 1 IS \$100.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719482 (2)

1. Corporation Name
FELLOWSHIP GOSPEL TABERNACLE, INC.

Principal Place of Business Mailing Address
7809 N. ORLEANS AVE 7809 N. ORLEANS AVE
7809 N ORLEANS AVENUE 7809 N ORLEANS AVENUE
TAMPA FL 33604 TAMPA FL 33604
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/12/1972	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1426219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
**MEETZE, MELTON G.
405 BELLE VIEW
TEMPLE TERRACE FL 33617**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable NOTE: Registered Agent signature required when reappointing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEETZE, MELTON G	12 NAME	
STREET ADDRESS	405 BELLE VIEW	13 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JAMES.	22 NAME	<i>SUSAN RENEE TRAINA</i>
STREET ADDRESS	1208 W HOLLYWOOD	23 STREET ADDRESS	<i>10310 N. 57TH ST.</i>
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	<i>TEMPLE TERRACE FL 33617</i>
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEETZE, CAROLYN	32 NAME	
STREET ADDRESS	405 BELLE VIEW	33 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Melton G. Meetze* Melton G. Meetze 5/1/95 813-932-4527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #