

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # 719482

1. Entity Name

FELLOWSHIP GOSPEL TABERNACLE, INC.



Principal Place of Business

7809 N. ORLEANS AVE
7809 N ORLEANS AVENUE
TAMPA, FL 33604 US

Mailing Address

7809 N. ORLEANS AVE
7809 N ORLEANS AVENUE
TAMPA, FL 33604 US



04102006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

59-1426219

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

MEETZE, MELTON G.
405 BELLE VIEW
TEMPLE TERRACE, FL 33617

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PTD
MEETZE, MELTON G
405 BELLE VIEW
TEMPLE TERRACE, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SD
KYLONEN, LUZ
4623 DONNIE DRIVE
TAMPA, FL 33614

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
MEETZE, CAROLYN
405 BELLE VIEW
TEMPLE TERRACE, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
TRAINA, RENEE M
10310 N 53 STREET
TAMPA TERRACE, FL 33617

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
JESKY, CHRISTOPHER
4478 BASS STREET
TAMPA, FL 33617

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000508390
04/28/06-80003-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

Melton G Meetze
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06
Date

813-922-4527
Daytime Phone #