


**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.	
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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
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04102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1426219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ (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 #**