

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90024 032 \*\*\*\*70.00

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

40110720



04262007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-1426219

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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 <i>Trustee</i> MEETZE, MELTON G 405 BELLE VIEW TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <i>Trustee</i> KYLONEN, LUZ 4623 DONNIE DRIVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Trustee</i> 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	

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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 4/26/07 813 495 5759  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #