2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719482

FILED Apr 29, 2008 Secretary of State

Entity Name: FELLOWSHIP GOSPEL TABERNACLE, INC.

Current Principal Place of Business: New Principal Place of Business:

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

New Mailing Address: Current Mailing Address:

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

FEI Number: 59-1426219 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

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

OFFICERS AND DIRECTORS:

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:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PTD (X) Change () Addition () Delete MEETZE, MELTON G MEETZE, MELTON G PTD Name: Name:

405 BELLE VIEW Address: 405 BELLE VIEW Address: City-St-Zip: TEMPLE TERRACE, FL City-St-Zip: TEMPLE TERRACE, FL

Title: TRSD () Delete Title: () Change () Addition

KYLLONEN, LUZ Name: Name: Address: 4623 DONNIE DRIVE Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip:

Title: TRD () Delete Title: () Change () Addition

MEETZE, CAROLYN, Name: Name: Address: 405 BELLE VIEW Address: City-St-Zip: TEMPLE TERRACE, FL City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: TRAINA, RENEE M Name: Address: 10310 N 53 STREET Address: City-St-Zip: TAMPA TERRACE, FL 33617 City-St-Zip:

Title: () Delete Title: () Change () Addition

JESKY, CHRISTOPHER Name: Name: 4478 BASS STREET Address: Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

MEETZE, MELTON G MEETZE. MELTON G Name: Name: Address: 405 BELLE VIEW Address: 405 BELLE VIEW

TEMPLE TERRACE, FL TEMPLE TERRACE, FL 33617 City-St-Zip: 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: MELTON G. MEETZE TRD 04/29/2008