2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# 730626

Entity Name: ENSLEY GOSPEL TABERNACLE, INCORPORATED

Current Principal Place of Business:

512 W DETROIT BLVD
PENSACOLA, FL 32534 US

New Principal Place of Business:

Current Mailing Address:

512 W DETROIT BLVD
PENSACOLA, FL 32534 US

New Mailing Address:

FEI Number: 23-7185244 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOUNG, ROBERT REV
520 W. DETROIT BLVD.
PENSACOLA, FL 32534 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DONALD, JOE,
Address: 10250 WALBRIDGE AVE
City-St-Zip: PENSACOLA, FL

Title: DT ( ) Delete
Name: LYNN, FRANK,
Address: 20 EAST PAGE ST
City-St-Zip: PENSACOLA, FL 00000,

Title: D ( ) Delete
Name: ECKSTEIN, HERMAN
Address: 8428 CHERRY AVE.
City-St-Zip: PENSACOLA, FL 32534

Title: VD ( ) Delete
Name: MARTIN, LARRY
Address: 701 RODEO LANE
City-St-Zip: MC DAVID, FL 32568

Title: SD ( ) Delete
Name: ROLLINS, PATRICIA
Address: 1688 EAGLE ST.
City-St-Zip: CANTONMENT, FL 32533

Title: P ( ) Delete
Name: YOUNG, ROBERT REV
Address: 520 W. DETROIT BLVD.
City-St-Zip: PENSACOLA, FL 32534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: FRANK LYNN DT 02/17/2009

Electronic Signature of Signing Officer or Director — Date