


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 735241	
1. Entity Name APOSTOLIC FAITH TABERNACLE CHURCH, INC.	

Principal Place of Business C/O PASTOR ALBERTA CAMPBELL 616 OLIVE ST TITUSVILLE, FL 32796-7649	Mailing Address C/O PASTOR ALBERTA CAMPBELL 616 OLIVE ST TITUSVILLE, FL 32796-7649
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01302008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2386977	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, ALBERTA
 623 WAGER ST
 TITUSVILLE, FL 32782

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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 \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	CT
NAME	CAMPBELL, ALBERTA
STREET ADDRESS	616 OLIVE STREET
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	T
NAME	MOORE, JESSIE L
STREET ADDRESS	P O BOX 632
CITY-ST-ZIP	MIMS, FL 32759
TITLE	T
NAME	MUSGROVE, EUZERA L.
STREET ADDRESS	P O BOX 186
CITY-ST-ZIP	CLARCONA, FL 32710
TITLE	T
NAME	CHATTMAN, CARRIE
STREET ADDRESS	4055 KIRKLAND BLVD
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	T
NAME	EADDY, JAMES
STREET ADDRESS	1433 KINGS CT.
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	T
NAME	CADORE, MICHAEL SR
STREET ADDRESS	1311 HIDEAWAY LANE
CITY-ST-ZIP	ROCKLEDGE, FL 32955

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 02/14/08-80013-018 61.25

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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: Alberta Campbell 1/30/2008 321-267-1428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #