

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735241

FILED  
Mar 04, 2009  
Secretary of State

**Entity Name:** APOSTOLIC FAITH TABERNACLE CHURCH, INC.

**Current Principal Place of Business:**

C/O PASTOR ALBERTA CAMPBELL  
616 OLIVE ST  
TITUSVILLE, FL 327967649

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PASTOR ALBERTA CAMPBELL  
616 OLIVE ST  
TITUSVILLE, FL 327967649

**New Mailing Address:**

**FEI Number:** 59-2386977

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPBELL, ALBERTA  
623 WAGER ST  
TITUSVILLE, FL 32782 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: CT ( ) Delete  
Name: CAMPBELL, ALBERTA  
Address: 616 OLIVE STREET  
City-St-Zip: TITUSVILLE, FL

Title: T ( ) Delete  
Name: MOORE, JESSIE L  
Address: P O BOX 632  
City-St-Zip: MIMS, FL 32759

Title: T ( ) Delete  
Name: MUSGROVE, EUZERA L.  
Address: P O BOX 186  
City-St-Zip: CLARCONA, FL 32710

Title: T ( ) Delete  
Name: CHATTMAN, CARRIE  
Address: 4055 KIRKLAND BLVD  
City-St-Zip: ORLANDO, FL 32811

Title: T ( ) Delete  
Name: EADDY, JAMES  
Address: 1433 KINGS CT.  
City-St-Zip: TITUSVILLE, FL 32780

Title: T ( ) Delete  
Name: CADORE, MICHAEL SR  
Address: 1311 HIDEAWAY LANE  
City-St-Zip: ROCKLEDGE, FL 32955

**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: ALBERTA CAMPBELL

CT

03/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date