

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90018 023 ****61.25

DOCUMENT # 758820

1. Entity Name

RAPTURING FAITH TABERNACLE INC.

Principal Place of Business

Mailing Address

2401 N. TAMERIND AVE.
 W PALM BCH FL 33407

P.O. BOX 3722
 W. PALM BEACH FL 33402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2110862

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WESCO, DARREL
124 MARTIN CIR.
ROYAL PALM BEACH FL 33411

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P WESCO, DARREL**
 STREET ADDRESS **124 MARTIN CIRCLE**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V STANLEY, WILLARD**
 STREET ADDRESS **1473 PALM BEACH LAKE BL**
 CITY-ST-ZIP **W. PALM BEACH FL 33401**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD DUFF, JACKIE**
 STREET ADDRESS **6455 C RED PINE LANE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD CORBIN, JOD**
 STREET ADDRESS **505 LAKEVIEW DR.**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE Change Addition
 NAME **SD CORBIN, JOD**
 STREET ADDRESS **17925 68th STREET NORTH**
 CITY-ST-ZIP **LORAHATCHEE FL. 33470**

TITLE Delete
 NAME **D RIVERA, RICHARD**
 STREET ADDRESS **207 MARTIN CIRCLE**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Resignation Required Darrel Wesco* 3-19-01-798-8836
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)