


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90223 026 ****61.25

DOCUMENT # 758820	
1. Entity Name RAPTURING FAITH TABERNACLE INC.	

Principal Place of Business 2401 N. TAMERIND AVE. W PALM BCH FL 33407	Mailing Address P.O. BOX 3722 W. PALM BEACH FL 33402
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-2110862	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

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 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	P WESCO, DARREL <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	124 MARTIN CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	CITY-ST-ZIP	
TITLE NAME	V STANLEY, WILLARD <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1473 PALM BEACH LAKE BL	STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33401	CITY-ST-ZIP	
TITLE NAME	TD DUFF, JACKIE <input checked="" type="checkbox"/> Delete	TITLE NAME	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6455 C RED PINE LANE	STREET ADDRESS	CHARLES LAWENSEL
CITY-ST-ZIP	WEST PALM BEACH FL 33415	CITY-ST-ZIP	10216 GRANT CARRIE DR.
TITLE NAME	SD CORBIN, JOD <input type="checkbox"/> Delete	TITLE NAME	Tampa FL 33647
STREET ADDRESS	17925 68TH STREET NORTH	STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	CITY-ST-ZIP	
TITLE NAME	D RIVERA, RICHARD <input checked="" type="checkbox"/> Delete	TITLE NAME	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	207 MARTIN CIRCLE	STREET ADDRESS	AVICENE JEAN
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	CITY-ST-ZIP	1650 WEST BLUE HERON BLVD.
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	RIVIERA BEACH, FL. 33404-4016
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Darrel Wesco **DARREL WESCO** 4-25-04-561-798-8836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #