

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758820

FILED
Jul 05, 2005
Secretary of State

Entity Name: RAPTURING FAITH TABERNACLE INC.

Current Principal Place of Business:

2401 N. TAMERIND AVE.
W PALM BCH, FL 33407

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2110862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WESCO, DARREL
124 MARTIN CIR.
ROYAL PALM BEACH, FL 33411 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: P () Delete
Name: WESCO, DARREL,
Address: 124 MARTIN CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: V () Delete
Name: STANLEY, WILLARD,
Address: 1473 PALM BEACH LAKE BL
City-St-Zip: W. PALM BEACH, FL 33401

Title: TD () Delete
Name: LAVENDELL, CHARLES
Address: 10216 GRANT CREEK DR.
City-St-Zip: TAMPA, FL 33647

Title: SD () Delete
Name: CORBIN, JOD
Address: 17925 68TH STREET NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: AVICENE, JEAN
Address: 1650 WEST BLUE HERON BLVD.
City-St-Zip: WEST PALM BEACH, FL 334044016

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: SD (X) Change () Addition
Name: CORBIN, JOD
Address: 7332 NW 1ST COURT
City-St-Zip: PLANTATION, FL 33317

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DARREL WESCO

P

07/05/2005

Electronic Signature of Signing Officer or Director

_____ Date