

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758820

FILED  
Apr 30, 2009  
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 ( )

**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: 7746 SPRINGFIELD LAKE DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

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:      ( ) 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: DARREL WESCO

P

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date