


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 762931</b> 1. Entity Name FAITH TABERNACLE OF FT. PIERCE, INC.	
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Principal Place of Business FAITH TABERNACLE OF FT PIERCE, 1 NE C/O JAMES L NEWTON/6501 ST JAMES NW PT ST LUCIE, FL 34983	Mailing Address FAITH TABERNACLE OF FT PIERCE, 1 NE C/O JAMES L NEWTON/6501 ST JAMES NW PT ST LUCIE, FL 34983
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04072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2265908	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

NEWTON, JAMES L.  
6501 ST JAMES NW  
PORT SAINT LUCIE, FL 34983

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD NEWTON, JAMES L. 6501 ST JAMES NW PT ST LUCIE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HOLLOWAY, STARLYN G. 4776 N DUNN RD FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NEWTON, PEGGY R 6501 ST JAMES NW FT PIERCE, FL
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**DO NOT WRITE  
IN THIS SPACE**

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: James L. Newton Date: 4-7-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #