

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90442 049 \*\*\*\*61.25

762931  
 Faith Tabernacle of Ft. Pierce  
 c/o James L. Newton / 4776 DUNN Rd

04072

**DO NOT WRITE IN THIS SPACE**

4. FEI  
 50-2265088 (59-2265908) (Not Applicable)

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

NEWTON, JAMES L.  
 4776 DUNN Rd  
 Ft. Pierce, Fl. 34981

**DO NOT WRITE IN THIS SPACE**

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: Signatures of Any of signatories required when registration) \_\_\_\_\_ **DATE** \_\_\_\_\_

Filing Fee is \$61.25  
 Due by May 1, 2006

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

**OFFICERS AND DIRECTORS**

PTD	NEWTON, JAMES L. 4776 DUNN Rd. Ft. Pierce, Fl. 34981
VD	HOLLOWAY, STARLYN G. 4776 N DUNN RD FT PIERCE, FL 34981
SD	NEWTON, PEGGY R 4776 N DUNN Rd FT PIERCE, FL 34981
ADDRESS	
ADDRESS	
ADDRESS	

**DO NOT WRITE IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information included 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 fee empowered.

**NATURE:** \_\_\_\_\_ *James L. Newton* \_\_\_\_\_ *4-27-06*

SIGNATURE MUST BE PRINTED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR