

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000941

FILED
Aug 17, 2005
Secretary of State

Entity Name: FULL GOSPEL TABERNACLE, INC.

Current Principal Place of Business:

9701 N.W. 7TH AVENUE
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

9701 N.W. 7TH AVENUE
MIAMI, FL 33150

New Mailing Address:

FEI Number: 30-0001855 **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:

Name and Address of New Registered Agent:

BAYORO, APPOLINAIRE
8450 N.W. 169TH TERRACE
MIAMI, FL 33016 US

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: PD () Delete
Name: BAYORO, APPOLINAIRE
Address: 8450 N.W. 169 TERRACE
City-St-Zip: MIAMI, FL 33016

Title: VD () Delete
Name: HERARD, CAROL
Address: 1025 NE MIAMI GARDENS DRIVE
City-St-Zip: MIAMI, FL 33179

Title: VDC () Delete
Name: BAYORO, JOSSETTE
Address: 8450 N.W. 169 TERRACE
City-St-Zip: MIAMI, FL 33016

Title: D () Delete
Name: LOUIS, ROSIE
Address: 1151 NW 102 ST
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: DOREE, BRIOL
Address: 701 NW 214 ST
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: CLEMENT, UNA
Address: 12966 NW 18 CT
City-St-Zip: PEMBROKE PINES, FL 33028

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 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: BAYORO, APPOLINAIRE

P

08/17/2005

Electronic Signature of Signing Officer or Director

Date