2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007
Secretary of State

DOCUMENT# N00000002683

Entity Name: FAITH TABERNACLE OF SOUTH TAMPA, INC.

Current Principal Place of Business:

6015 INTERBAY BLVD.
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

PO BOX 19090
TAMPA, FL 33616

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREEN, MONTEZ REV.
7109 S WESTSHORE BLVD.
TAMPA, FL 33616 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: D ( ) Delete
Name: WALDRON, JOHN
Address: 6650 NW 127TH PLACE
City-St-Zip: CHIEFLAN, FL 32926

Title: D ( ) Delete
Name: MARCIA, BEASLEY
Address: 12009 DAWN VISTA DR.
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete
Name: LAMBERTSON, DONALD E
Address: 1554 COUNCIL DR.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D ( ) Delete
Name: GREEN, MONTEZ REV.
Address: 7109 SOUTH WESTSHORE BLVD.
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: LAMBERTSON, NORMA
Address: 1554 COUNCIL DR
City-St-Zip: SUN CITY CENTER, FL 33573

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 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: NORMA M. LAMBERTSON PRES 03/09/2007

Electronic Signature of Signing Officer or Director — Date