

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90056 002 \*\*\*\*61.25

|   |   |  |   |   |   |
|---|---|--|---|---|---|
| <b>DOCUMENT # N00000003316</b><br>1. Entity Name<br><b>FAITH TABERNACLE WORSHIP CENTER, INC.</b>  |   |  |   |   |   |
| Principal Place of Business<br><b>4304 N PINE HILLS ROAD<br/>ORLANDO FL 32808</b>   |   |  | Mailing Address<br><b>19534 LANDSDOWNE ST.<br/>ORLANDO FL 32833</b>                 |   |   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.   |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |   |
| City & State  |   |  | City & State  |   |   |
| Zip   |   | Country                                    |   | 4. FEI Number<br><b>59-3650431</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | <b>\$8.75 Additional Fee Required</b>      |   |   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>CLARKE, RANSFORD<br/>19534 LANDSDOWNE ST.<br/>ORLANDO FL 32833</b>  |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |
| 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. |   |  |   | Applied For<br>Not Applicable   |   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   | DATE _____  |   |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2008</b>  |   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>                                |
| <b>Make Check Payable to<br/>Florida Department of State</b>  |   |  |   |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                        |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | PP<br>CLARKE, RANSFORD<br>19534 LANDSDOWNE STREET<br>ORLANDO FL 32833 | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | D<br>JULIE CLARKE<br>5741 GRAND CANYON DRIVE<br>ORLANDO FL. 32810 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | S<br>CLARKE, PHYLLIS<br>19534 LANDSDOWNE STREET<br>ORLANDO FL 32833   | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | D<br>CLARKE, DAVID<br>19534 LANDSDOWNE STREET<br>ORLANDO FL 32833     | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | D<br>BROWN, JOAN<br>4901 CENTER LANE<br>ORLANDO FL 32808              | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | T<br>SOLOMON, LOVINA<br>2182 LAKE MARION DRIVE<br>APOPKA FL 32712     | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | D<br>THOMPSON, SYLVIA<br>2342 BABBITT AVENUE<br>ORLANDO FL 32833      | <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** RANSFORD CLARKE **2/14/08 (407) 568- 7940**