

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003316

FILED  
Feb 09, 2009  
Secretary of State

**Entity Name:** FAITH TABERNACLE WORSHIP CENTER, INC.

**Current Principal Place of Business:**

4304 N PINE HILLS ROAD  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

19534 LANDSDOWNE ST.  
ORLANDO, FL 32833

**New Mailing Address:**

**FEI Number:** 59-3650431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLARKE, RANSFORD  
19534 LANDSDOWNE ST.  
ORLANDO, FL 32833 US

**Name and Address of New Registered Agent:**

CLARKE, RANSFORD PASTOR  
19534 LANDSDOWNE ST.  
ORLANDO, FL 32833 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: RANSFORD CLARKEPP

02/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PP ( ) Delete  
Name: CLARKE, RANSFORD  
Address: 19534 LANDSDOWNE STREET  
City-St-Zip: ORLANDO, FL 32833

Title: S ( ) Delete  
Name: CLARKE, PHYLLIS  
Address: 19534 LANDSDOWNE STREET  
City-St-Zip: ORLANDO, FL 32833

Title: T ( ) Delete  
Name: CLARKE, DAVID  
Address: 19534 LANDSDOWNE STREET  
City-St-Zip: ORLANDO, FL 32833

Title: D ( ) Delete  
Name: BROWN, JOAN  
Address: 4901 CENTER LANE  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: SOLOMON, LOVINA  
Address: 2182 LAKE MARION DRIVE  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: CLARKE, JULIE  
Address: 5741 GRAND CANYON DRIVE  
City-St-Zip: ORLANDO, FL 32810

**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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RANSFORD CLARKE

PP

02/09/2009

Electronic Signature of Signing Officer or Director

Date