2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00296

FILED Mar 04, 2006 Secretary of State

Entity Name: FAITH TABERNACLE OF PRAISE CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

2367 JURNIGAN ROAD
JACKSONVILLE, FL 32207

2367 JERNIGAN ROAD
JACKSONVILLE, FL 32207

JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

2367 JURNIGAN ROAD
JACKSONVILLE, FL 32207
2367 JERNIGAN ROAD
JACKSONVILLE, FL 32207

FEI Number: 59-3722711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MITCHELL, LARRY D PHD
2367 JURNIGAN ROAD
JACKSONVILLE, FL 32207 US

MITCHELL, LARRY D PHD
2367 JERNIGAN ROAD
JACKSONVILLE, FL 32207 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: DR. LARRY D. MITCHELL 03/04/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 P (X) Change () Addition

 Name:
 MITCHELL, LARRY D
 Name:
 MITCHELL, LARRY D PHD

 Address:
 6711 SW 63RD LANE
 Address:
 6711 SW 63RD LANE

Address: 6711 SW 63RD LANE Address: 6711 SW 63RD LANE
City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32608

Title: VD () Delete Title: (X) Change () Addition MITCHELL, BONNIE Name: MITCHELL, BONNIE R PHD Name: Address: 6711 SW 63RD LANE Address: 6711 SW 63RD LANE City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32608

 Name:
 HICKS, QUEEN V
 Name:
 MITCHELL, RUTH

 Address:
 8179 GALAXIE DR.
 Address:
 6711 SW 63RD LANE

 City-St-Zip:
 JACKSONVILLE, FL 32244
 City-St-Zip:
 GAINESVILLE, FL 32608

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: DR. LARRY D. MITCHELL PD 03/04/2006