

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 08, 2007
Secretary of State**

DOCUMENT# N00296

Entity Name: FAITH TABERNACLE OF PRAISE CHURCH, INC.

Current Principal Place of Business:

2367 JERNIGAN ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

2367 JERNIGAN ROAD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3722711 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:

MITCHELL, LARRY D PHD
2367 JERNIGAN ROAD
JACKSONVILLE, FL 32207 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: P () Delete
Name: MITCHELL, LARRY D PHD
Address: 6711 SW 63RD LANE
City-St-Zip: GAINESVILLE, FL 32608

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

Title: STD () Delete
Name: MITCHELL, RUTH
Address: 6711 SW 63RD LANE
City-St-Zip: GAINESVILLE, FL 32608

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:

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: DR. LARRY D MITCHELL

P

08/08/2007

Electronic Signature of Signing Officer or Director

_____ Date