


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90246 044 ****70.00

DOCUMENT # N01000002168	
1. Entity Name CHRISTIAN FAITH TABERNACLE, INC.	

Principal Place of Business 1521 NE 150 STREET APT 101 MIAMI, FL 33161	Mailing Address 1521 NE 150 STREET APT 101 MIAMI, FL 33161
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40069337



2. Principal Place of Business 12961 N.E. 14 AVE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04132005 Chg-NP CR2E037 (10/03)

City & State MIAMI, FL	City & State
Zip 33161	Country USA

4. FEI Number 65-1090159	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VIRGILE, WILNER 1521 NE 150 STREET APT 101 MIAMI, FL 33161

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE P	NAME VIRGILE, WILNER STREET ADDRESS 1521 NE 150TH STREET #101 CITY-ST-ZIP MIAMI, FL 33161
<input type="checkbox"/> Delete	
TITLE ST	NAME VIRGILE, MARIE R STREET ADDRESS 1521 NE 150TH STREET #101 CITY-ST-ZIP MIAMI, FL 33161
<input type="checkbox"/> Delete	
TITLE T	NAME RENN, ANNETTE STREET ADDRESS 1521 NE 91 STREET CITY-ST-ZIP MIAMI, FL 33147
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
STREET ADDRESS	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 exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	WILNER VIRGILE	4/17/05 (305) 945-5690 Date Daytime Phone #
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