2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002168

FILED Apr 14, 2008 Secretary of State

Entity Name: CHRISTIAN FAITH TABERNACLE, INC.

| pal Place of Business: | | | |
|--|--|---|--|
| | New Principal Place | New Principal Place of Business: | |
| | | | |
| g Address: | New Mailing Address | New Mailing Address: | |
| | | | |
| 090159 FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| dress of Current Registered Agent: | Name and Address of | f New Registered Agent: | |
| TREET 61 US ned entity submits this statement for th | e purpose of changing its registered | d office or registered agent, or both, | |
| Electronic Signature of Registered A | Agent | Date | |
| D DIRECTORS: | ADDITIONS/CHANGE | S TO OFFICERS AND DIRECTOR | |
| 1 NE 150TH STREET #101 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| GILE, MARIE R 11 NE 150TH STREET #101 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| 2 NW 107 STREET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| NW 135 STREET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| NE 160 TER | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| | dress of Current Registered Agent: IER TREET 61 US Ined entity submits this statement for the Florida. Electronic Signature of Registered Agentical Statement for the Florida. Electronic Signature of Registered Agentical Statement for the Florida. () Delete (GILE, WILNER () Delete (GILE, MARIE R () Delete () | New Mailing Address TREET 61 090159 FEI Number Applied For () FEI Number Not Applicable () dress of Current Registered Agent: Name and Address of TREET 61 US dred entity submits this statement for the purpose of changing its registered registered. Electronic Signature of Registered Agent ID DIRECTORS: () Delete GILE, WILNER () Delete GILE, WILNER () Delete GILE, MARIE R () Delete Title: NAME: Address: () Delete Title: Title: NAME: Address: () Delete Title: NAME: Address: NAME: Address: NAME: Address: | |

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: WILNER VIRGILE PRES 04/14/2008