


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90003 030 \*\*\*\*70.00

DOCUMENT # N02000005251			
1. Entity Name FAITH TABERNACLE MISSIONARY BAPTIST CHURCH, INC.			
Principal Place of Business 1629 S.E. HAWTHORNE ROAD GAINSVILLE, FL 32641		Mailing Address 1629 S.E. HAWTHORNE ROAD GAINSVILLE, FL 32641	
2. Principal Place of Business - No P.O. Box # <i>1629 S.E. Hawthorne Rd</i>		3. Mailing Address <i>1629 S.E. Hawthorne Rd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Gainesville, Florida</i>		City & State <i>Gainesville, Florida</i>	
Zip <i>32641</i>		Country <i>United States</i>	
4. FEI Number <i>59-3297886</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  DAVENPORT, RUBY REV 1228 S.E. 19TH STREET GAINSVILLE, FL 32641		7. Name and Address of New Registered Agent Name <i>Rev. Ruby Davenport</i> Street Address (P.O. Box Number is Not Acceptable) <i>2225 N.E. 8th Street</i> City <i>GAINESVILLE</i> FL Zip Code <i>32609</i>	
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 <i>Rev. Ruby Davenport - Rev. Ruby Davenport</i>		DATE <i>03/05/07</i>	
Filing Fee is \$61.25 Due by May 1, 2007		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCRAE, ANDREW SR, REV 113 N.E. 20TH STREET GAINSVILLE, FL 32641 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BROWN, LAWERENCE DEACON 900 S. 14TH ST. PALATKA, FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAWLES, APRIL 8001 S.W. 13TH ROAD GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVENPORT, RUBY REV 1228 S.E. 19TH STREET GAINSVILLE, FL 32641 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T QUARLES, THOMAS 400 N.W. 1ST AVE. #103 GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	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"/> Delete	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 exemptions contained 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 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Ruby Davenport - Ruby Davenport</i>		Date <i>03/05/07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	