

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005251

FILED
Apr 28, 2008
Secretary of State

Entity Name: FAITH TABERNACLE MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

1629 S.E. HAWTHORNE ROAD
GAINSVILLE, FL 32641

New Principal Place of Business:

Current Mailing Address:

1629 S.E. HAWTHORNE ROAD
GAINSVILLE, FL 32641

New Mailing Address:

FEI Number: 59-3297886 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVENPORT, RUBY REV
2225 NE 8TH STREET
GAINESVILLE, FL 32609 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: MCRAE, ANDREW SR, REV
Address: 113 N.E. 20TH STREET
City-St-Zip: GAINSVILLE, FL 32641

Title: C () Delete
Name: BROWN, LAWRENCE DEACON
Address: 900 S. 14TH ST.
City-St-Zip: PALATKA, FL 32177

Title: S () Delete
Name: RAWLES, APRIL
Address: 8001 S.W. 13TH ROAD
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: DAVENPORT, RUBY REV
Address: 1228 S.E. 19TH STREET
City-St-Zip: GAINSVILLE, FL 32641

Title: T () Delete
Name: QUARLES, THOMAS
Address: 400 N.W. 1ST AVE. #103
City-St-Zip: GAINESVILLE, FL 32601

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:

Title: D (X) Change () Addition
Name: DAVENPORT, RUBY REV
Address: 2225 N.E. 8TH STREET
City-St-Zip: GAINSVILLE, FL 32609

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: REV. RUBY DAVENPORT

D

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date