

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2009  
Secretary of State**

DOCUMENT# N02000005251

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: 2225 N.E. 8TH STREET  
City-St-Zip: GAINSVILLE, FL 32609

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:      ( ) 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: RUBY DAVENPORT

D

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date