

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004916

FILED
Apr 17, 2008
Secretary of State

Entity Name: FAITH TABERNACLE OF SOUTH MIAMI, INC.

Current Principal Place of Business:

6141 SW 64TH STREET
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6141 SW 64TH STREET
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: 55-0823600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, LARRY D REV.
11700 SW 199TH STREET
MIAMI, FL 33177 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: PD () Delete
Name: JONES, LARRY D REV.
Address: 11700 SW 199 STREET
City-St-Zip: MIAMI, FL 33177

Title: VD () Delete
Name: JONES, L H BISHOP
Address: 14281 POLK STREET
City-St-Zip: MIAMI, FL 33176

Title: SD () Delete
Name: BUTLER-PUGH, MARGIE
Address: 6540 SW 59TH PLACE
City-St-Zip: MIAMI, FL 33143

Title: TD () Delete
Name: JONES, RONALD F
Address: 6115 SW 69TH STREET
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: LEWIS, ANNETTE
Address: 5911 SW 61ST STREET
City-St-Zip: MIAMI, FL 33143

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: LARRY D JONES

PD

04/17/2008

Electronic Signature of Signing Officer or Director

Date