

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004916

FILED  
Apr 29, 2012  
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 ( )**

**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  
**Name:** JONES, LARRY D REV.  
**Address:** 11700 SW 199 STREET  
**City-St-Zip:** MIAMI, FL 33177

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

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** LARRY D. JONES

P

04/29/2012

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

\_\_\_\_\_  
Date