

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 19, 2005
Secretary of State**

DOCUMENT# N04000005195

Entity Name: FAITH TABERNACLE OF PRAISE MINISTRIES, INC.

Current Principal Place of Business:

5505 SW 63RD BLVD.
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

5505 SW 63RD BLVD.
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 14-1920304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MITCHELL, BONNIE R DR.
5505 SW 63RD BLVD.
GAINESVILLE, FL 32608 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: MITCHELL, LARRY D DR.
Address: 5505 SW 63RD BLVD.
City-St-Zip: GAINESVILLE, FL 32608

Title: V () Delete
Name: MITCHELL, BONNIE R DR.
Address: 5505 SW 63RD BLVD.
City-St-Zip: GAINESVILLE, FL 32608

Title: ST () Delete
Name: MITCHELL, RUTH P
Address: 5505 SW 63RD BLVD.
City-St-Zip: GAINESVILLE, FL 32608

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DR. BONNIE R. MITCHELL

VP

05/19/2005

Electronic Signature of Signing Officer or Director

_____ Date