

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005195

FILED
Mar 04, 2006
Secretary of State

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 ()

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:

MITCHELL, BONNIE R PHD
6711 SW 63RD LANE
GAINESVILLE, FL 32608 US

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: DR. BONNIE R. MITCHELL

03/04/2006

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: P (X) Change () Addition
Name: MITCHELL, LARRY D PHD
Address: 6711 SW 63RD LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: V (X) Change () Addition
Name: MITCHELL, BONNIE R PHD
Address: 6711 SW 63RD LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: ST (X) Change () Addition
Name: MITCHELL, RUTH P
Address: 6711 SW 63RD LANE
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. LARRY D. MITCHELL

P

03/04/2006

Electronic Signature of Signing Officer or Director

Date