


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90047 028 ****61.25

DOCUMENT # N04000010164	
1. Entity Name FAITH BAPTIST TABERNACLE, INC.	

Principal Place of Business 17531 NORTHEAST HIGHWAY 27 ALTERNATE WILLISTON, FL 32696	Mailing Address P. O. DRAWER A WILLISTON, FL 32696
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60006708



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1641339	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HARDING, RICHARD 4950 NE 167TH CT WILLISTON, FL 32696
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STRINGER, MARK 17030 NE 29TH PLACE WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORGAN, BRIAN 9616 NW 45TH AVE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARDING, RICHARD 4950 NE 167TH CT 206 A.E. 1st St. WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard A. Harding RICHARD A. HARDING 1-13-06 352 528 2216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #