2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001581

FILED Apr 03, 2008 Secretary of State

Entity Name: GOSPEL TABERNACLE OF FAITH, INC.

Current Principal Place of Business: New Principal Place of Business:

6201 S MILITARY TRAIL 6201 SOUTH MILITARY TRAIL LAKE WORTH, FL 33463 LAKE WORTH, FL 33463

Current Mailing Address: New Mailing Address:

PO BOX 546

LAKE WORTH, FL 33460

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EDMOND, JUDITH EDMOND, JUDITH

1389 FAIRFAX CIRCLE EAST 6201 SOUTH MILITARY TRAIL

BOYNTON BEACH, FL 33436 US C/O GOSPEL TABERNACLE OF FAITH

LAKE WORTH, FL 33463 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: 04/03/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 BEAULIERE, ROGER
 Name:
 BEAULIERE, ROGER

 Address:
 1217 PARKWAY COURT
 Address:
 PO BOX 546

City-St-Zip: GREENACRES, FL 33413 City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete Title: BD (X) Change () Addition

Name: BEAULIERE, LUC Name: BEAULIERE, LUC
Address: 1217 PARKWAY COURT Address: PO BOX 546

City-St-Zip: GREENACRES, FL 33413 City-St-Zip: LAKE WORTH, FL 33460

Name: EDMOND, JUDITH Name: EDMOND, JUDITH
Address: 1389 FAIRFAX CIRCLE EAST Address: PO BOX 546

City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: LAKE WORTH, FL 33460

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: JUDITH EDMOND T 04/03/2008