

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009584

FILED  
Feb 08, 2010  
Secretary of State

**Entity Name:** HIGHWAY OF FAITH TABERNACLE, INC.

**Current Principal Place of Business:**

3550 N. JOG ROAD  
WEST PALM BEACH, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 223116  
WEST PALM BEACH, FL 33422 US

**New Mailing Address:**

**FEI Number:** 20-3523396

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLLINGSWORTH, NOEL  
1661 SW CHICORY TERRACE  
PORT SAINT LUCIE, FL 34953 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  
**Name:** HOLLINGSWORTH, NOEL  
**Address:** 1661 SW CHICORY TERRACE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34953 US

**Title:** T  
**Name:** PAISLEY, DAPHNE M  
**Address:** 102 OXFORD COURT  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411 US

**Title:** S  
**Name:** HOLLINGSWORTH, MAUVA  
**Address:** 1661 SW CHICORY TERRACE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34953 US

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:** NOEL HOLLINGSWORTH

P

02/08/2010

Electronic Signature of Signing Officer or Director

Date