

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 11, 2008
Secretary of State**

DOCUMENT# N07000000419

Entity Name: FELLOWSHIP TABERNACLE INTERNATIONAL OF FT. LAUDERDALE, INC.

Current Principal Place of Business:

5860 NW 44TH STREET APT 401
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

5860 NW 44TH STREET APT 401
LAUDERHILL, FL 33319

New Mailing Address:

FEI Number: 20-8260592 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BLAIR, STAFFORD H
5860 NW 44TH STREET APT 401
LAUDERHILL, FL 33319 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: D () Delete
Name: BLAIR, STAFFORD H
Address: 5860 NW 44TH STREET APT 401
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: BLAIR, YVONNE
Address: 5860 NW 44TH STREET APT 401
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: BLAIR, PETA-ANN S
Address: 7050 NW 44TH STREET APT 606
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: BLAIR, CARRIE SUZETTE
Address: 9129 WHISTABLE WALK
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: CLARKE, RONALLY
Address: 4551 SW DARWIN BLVD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D () Delete
Name: HUDSON, MINNIE T
Address: 1851 NW 34TH TERRACE
City-St-Zip: LAUDERDALE, FL 33311

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:

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 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: STAFFORD BLAIR

D

01/11/2008

Electronic Signature of Signing Officer or Director

_____ Date