

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009732

FILED
Apr 27, 2009
Secretary of State

Entity Name: FAITH APOSTOLIC CHRISTIAN TABERNACLE SERVICES, INC.

Current Principal Place of Business:

2540 FL GA HWY
HAVANA, FL 323335260

New Principal Place of Business:

Current Mailing Address:

2540 FL GA HWY
HAVANA, FL 323335260

New Mailing Address:

FEI Number: 26-3260639 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EDUCATION BASED CONSULTANTS OF AMERICA, LL
1931 WELBY WAY STE 4
TALLAHASSEE, FL 323084473 US

Name and Address of New Registered Agent:

EDUCATION BASED CONSULTANTS OF AMERICA, LL
1900 KATHRYN SPEED CT.
TALLAHASSEE, FL 32303 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: _____

Electronic Signature of Registered Agent

04/27/2009

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FITZGERALD, TERRY
Address: 160 FULTON SHAW RD
City-St-Zip: QUINCY, FL 323520381

Title: D () Delete
Name: CONYERS, CEDRIC
Address: PO BOX 251
City-St-Zip: GREENSBORO, FL 323300251

Title: D () Delete
Name: KENON, MARTHA
Address: 375 JACK SCOTT RD
City-St-Zip: QUINCY, FL 323520829

Title: D () Delete
Name: SMITH, MARY
Address: 75 W CIRCLE DR
City-St-Zip: GRETNA, FL 323324078

Title: D () Delete
Name: JOHNSON, ABE
Address: 4085 BOTHWELL TERR
City-St-Zip: TALLAHASSEE, FL 323178548

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:

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: ABE JOHNSON

Electronic Signature of Signing Officer or Director

D

04/27/2009

Date