## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000009732

Apr 30, 2011 Secretary of State

Entity Name: FAITH APOSTOLIC CHRISTIAN TABERNACLE SERVICES, INC.

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

2540 FL GA HWY 613 CHATTAHOOCHEE ST HAVANA, FL 323335260 CHATTAHOOCHEE, FL 32324

**Current Mailing Address: New Mailing Address:** 

2540 FL GA HWY 613 CHATTAHOOCHEE ST HAVANA, FL 323335260 CHATTAHOOCHEE, FL 32324

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

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

JOHNSON, ABE DR 4085 BOTHWELL TERRACE TALLAHASSEE, FL 32317

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:**

FITZGERALD, TERRY Name: Address: 160 FULTON SHAW RD City-St-Zip: QUINCY, FL 323520381

Title:

Name: CONYERS, CEDRIC Address: PO BOX 251

City-St-Zip: GREENSBORO, FL 323300251

Title:

KENON, MARTHA Name: 375 JACK SCOTT RD Address: City-St-Zip: QUINCY, FL 323520829

Title:

Name: SMITH, MARY 75 W CIRCLE DR Address: City-St-Zip: GRETNA, FL 323324078

Title:

JOHNSON, ABE Name: 4085 BOTHWELL TERR Address: TALLAHASSEE, FL 323178548 City-St-Zip:

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: DR ABE JOHNSON D 04/30/2011