

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009732

FILED
Apr 30, 2011
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:

613 CHATTAHOOCHEE ST
CHATTAHOOCHEE, FL 32324

Current Mailing Address:

2540 FL GA HWY
HAVANA, FL 323335260

New Mailing Address:

613 CHATTAHOOCHEE ST
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:

JOHNSON, ABE DR
4085 BOTHWELL TERRACE
TALLAHASSEE, FL 32317 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
Name: FITZGERALD, TERRY
Address: 160 FULTON SHAW RD
City-St-Zip: QUINCY, FL 323520381

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

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

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

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

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

Electronic Signature of Signing Officer or Director

Date