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Jul 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20538 (7)
Corporation Name
FAITH TABERNACLE OF GOD, INC.



Principal Place of Business: 888 MATHERS STREET MELBOURNE FL 32835
Mailing Address: 1821 STEELE STREET MELBOURNE FL 32835-6149 US

3. Date Incorporated or Qualified: 05/07/1987
3a. Date of Last Report: 08/26/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2846613	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEAUFORT, ELDER. AL.
1821 STEELE STREET
MELBOURNE FL 32935

81 Name	Alex Beaufort
82 Street Address (P.O. Box Number is Not Acceptable)	1821 Steele St
83	Melbourne, FL 32935
84 City	Melbourne, FL
85 Zip Code	32935

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Alex Beaufort* (NOTE: Registered Agent signature required when reinstating) DATE: 6-24-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUFORT, REBECCA	1.2 NAME	
STREET ADDRESS	1821 STEELE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHBURN, RUTH	2.2 NAME	
STREET ADDRESS	1821 STEELE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, R.G.	3.2 NAME	
STREET ADDRESS	1821 STEELE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUFORT, ROSALIND	4.2 NAME	
STREET ADDRESS	809 E. UNIVERSITY BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

CP2E037 (9/96)

Rosalind Beaufort 6-24-97