

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90167 007 ****61.25

DOCUMENT # N20538

1. Entity Name:

FAITH TABERNACLE OF GOD, INC.

Principal Place of Business

Mailing Address

**888 MATHERS STREET
 MELBOURNE FL 32935**

**1821 STEELE STREET
 MELBOURNE FL 32935
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2846613

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEAUFORT, REBECCA
 1821 STEELE ST
 MELBOURNE FL 32935**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	TD BEAUFORT, REBECCA	<input type="checkbox"/> Delete
STREET ADDRESS	1821 STEELE STREET	
CITY-ST-ZIP	MELBOURNE FL	
TITLE NAME	SD FISHBURN, RUTH	<input type="checkbox"/> Delete
STREET ADDRESS	1821 STEELE STREET	
CITY-ST-ZIP	MELBOURNE FL	
TITLE NAME	SD BEAUFORT, GRACE	<input type="checkbox"/> Delete
STREET ADDRESS	1821 STEELE ST.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE NAME	P HICKS, JOHNNIE	<input type="checkbox"/> Delete
STREET ADDRESS	888 MATHERS ST.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIR Rebecca Beaufort*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00 - (301) 752-9770
 Date Daytime Phone #

CR2E037 (10/00)