

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 31, 2006
Secretary of State**

DOCUMENT# N20538

Entity Name: FAITH TABERNACLE OF GOD, INC.

Current Principal Place of Business:

888 MATHERS STREET
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

1821 STEELE STREET
MELBOURNE, FL 32935 US

New Mailing Address:

FEI Number: 59-2846613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BEAUFORT, REBECCA
1821 STEELE ST
MELBOURNE, FL 32935 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: TD () Delete
Name: BEAUFORT, REBECCA,
Address: 1821 STEELE STREET
City-St-Zip: MELBOURNE, FL

Title: SD () Delete
Name: FISHBURN, RUTH,
Address: 1821 STEELE STREET
City-St-Zip: MELBOURNE, FL

Title: SD () Delete
Name: BEAUFORT, GRACE
Address: 1821 STEELE ST.
City-St-Zip: MELBOURNE, FL 32935

Title: P () Delete
Name: HICKS, JOHNNIE
Address: 888 MATHERS ST.
City-St-Zip: MELBOURNE, FL 32935

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: GRACE E BEAUFORT

SD

08/31/2006

Electronic Signature of Signing Officer or Director

_____ Date