

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N48128	
1. Entity Name FAITH TABERNACLE, INC.	
Principal Place of Business 7230 GREEN PINE COURT ORLANDO, FL 32819	Mailing Address 7230 GREEN PINE COURT ORLANDO, FL 32819



04052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3175856	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THOMAS, KURIAKOSE P 7230 GREEN PINE COURT ORLANDO, FL 32819

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, KURIAKOSE P 7230 GREEN PINE COURT ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, ANNAMMA P 7230 GREEN PINE COURT ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, PUNNAMATTATHIL 7230 GREEN PINE COURT ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAGGHESE, THOMAS P 7230 GREEN PINE COURT ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAJAN, M. KOSHI 7230 GREEN PINE COURT ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOSAMMA, THOMAS 7230 GREEN PINE COURT ORLANDO, FL

U00000294592
04/08/05-80075-013 61.25

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IN THIS SPACE**

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 filers empowered.

SIGNATURE: *Thomas Kuria* **KURIAKOSE P. THOMAS** 4/4/05 407-363-4436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #