2003 NOT-FOR-PROFIT CORPORATION

Mailing Address

ORLANDO FL 32819

3. Mailing Address

City & State

Zip

7230 GREEN PINE COURT

Suite, Apt. #, etc.

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N48128

FAITH TABERNACLE, INC.

Principal Place of Business

2. Principal Place of Business

7230 GREEN PINE COURT

ORLANDO FL 32819

Suite, Apt. #, etc.

City & State

Zip

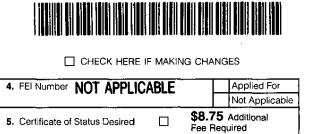
SIGNATURE



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90957 044 ****61.25

11040707



6. Name and Address of Current Registered Agent

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

Country

THOMAS, KURIAKOSE P 7230 GREEN PINE COURT ORLANDO FL 32819

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

City Zip Code 100

7. Name and Address of New Registered Agent

3.	The above named entity submits this statement for the purpose of changing its registere	ed office or registered agent, or both, in the State of Florid	a. I am familiar with, and accept
	the obligations of registered agent.	4 -	

Country

(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 Florida Department of State

				* <u>-</u>]
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			10
TITLE	D	☐ Delete	TITLE			Change	☐ Addition
NAME	THOMAS, KURIAKOSA P		NAME				ĺ
STREET ADDRESS	7230 GREEN PINE COURT		STREET ADDRESS				
CITY-ST-ZIP	Ohi ANDO FL		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE	<u> </u>		Change	☐ Addition
NAME -	THOMAS, ANNAMMA P		NAME				
STREET ADDRESS	7230 GREEN PINE COURT		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP				
TITLE	D	Delete	TITLE			Change .	Addition
NAME	THOMAS, PUNNAMATTATHIL		NAME				
STREET ADDRESS	7230 GREEN PINE COURT		STREET ADDRESS		•		ŀ
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE			Change	Addition
NAME	VAGGHESE, THOMAS P		NAME				1
STREET ADDRESS	7230 GREEN PINE COURT		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE	-		Change	☐ Addition
NAME	RAJAN, M. KOSHI		NAME				}
STREET ADDRESS	7230 GREEN PINE COURT		STREET ADDRESS				ſ
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE			Change	☐ Addition
NAME	SOSAMMA, THOMAS		NAME				
STREET ADDRESS	7230 GREEN PINE COURT		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		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 this see 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 in powered.

SIGNATURE: