

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000000335 (9)

1. Corporation Name

FAITH TABERNACLE CHURCH, INC.



Principal Place of Business

2740 N. GALLOWAY ROAD
LAKELAND FL 33809-0611

Mailing Address

2740 N. GALLOWAY ROAD
LAKELAND FL 33809-0611

3. Date Incorporated or Qualified
01/25/1994

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEE Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CABLE, MILDRED L REV.
854 NORTH EDITH AVE.
LAKELAND FL 33801

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent (if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ACP
NAME OVERCAST, EMOGENE
STREET ADDRESS 1833 W. JOSEPHINE ST.
CITY-ST-ZIP LAKELAND FL 33801 ☒ DELETE

TITLE VST
NAME BOZEMAN, MARTHA L
STREET ADDRESS 850 N. EDITH AVE.
CITY-ST-ZIP LAKELAND FL 33801 ☐ DELETE

TITLE T
NAME WADSWORTH, HOWARD
STREET ADDRESS 2504 TENNESSEE ROAD
CITY-ST-ZIP LAKELAND FL 33801 ☒ DELETE

TITLE T
NAME OVERCAST, WAYNE
STREET ADDRESS 1833 W. JOSEPHINE ST.
CITY-ST-ZIP LAKELAND FL 33801 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ACP
12 NAME MIZELL, ANN
13 STREET ADDRESS 1915 OAKHILL Street
14 CITY-ST-ZIP LAKELAND, FL 33801 ☐ Change ☒ Addition

21 TITLE D
22 NAME MIZELL, LEO
23 STREET ADDRESS 1915 OAKHILL Street
24 CITY-ST-ZIP LAKELAND, FL 33801 ☐ Change ☒ Addition

31 TITLE DCT
32 NAME GARINODY, Rodger
33 STREET ADDRESS 2640 Mc Gregor Street
34 CITY-ST-ZIP LAKELAND, FL 33801 ☐ Change ☒ Addition

41 TITLE T
42 NAME CURTIS, Pearley
43 STREET ADDRESS 5544 OAK AVE N.W.
44 CITY-ST-ZIP LAKELAND FL 33809 ☐ Change ☒ Addition

51 TITLE
52 NAME 200001758722
53 STREET ADDRESS -03/27/96--01001--011
54 CITY-ST-ZIP ***70.00 ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Martha L. Bozeman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96 941-686-9553
Date Daytime Phone #

CR2E037 (12/95)

2-5-96
3-26-96