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Feb 08, 1999 8:00am
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02-08-1999 90051 043 *****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000002415

1. Corporation Name

FAITH TABERNACLE FAMILY WORSHIP CENTER, INC.

Principal Place of Business

3910 SOUTH WASHINGTON AVE. SUITE 208
 TITUSVILLE FL 32780

Mailing Address

3910 SOUTH WASHINGTON AVE. SUITE 208
 TITUSVILLE FL 32780



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/30/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROBINSON, SYLVESTER 7422 CARILLON AVE PORT ST JOHN FL 32927				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLVESTER ROBINSON	1.2 NAME	
STREET ADDRESS	7422 CARILLON AVE	1.3 STREET ADDRESS	NOT APPLICABLE
CITY-ST-ZIP	PORT ST JOHN FL 32927	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABRINA BELTON	2.2 NAME	
STREET ADDRESS	5695 GRAHAM ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST JOHN FL 32927	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERINA ARNOLD	3.2 NAME	
STREET ADDRESS	1685 TICONDEROGA CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32796	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACK HOLMES	4.2 NAME	
STREET ADDRESS	1180 WEDGEWOOD LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 as an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 12 JAN 99 DAYTIME PHONE #: (407) 268-9373

CR2E037 (1/98)