



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000005760 1. Entity Name GOD OF THE MILLENNIUM TABERNACLE MINISTRIES INC						FILED 07 MAR 30 AM 11:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 935 COMMUNITY LN. TALLAHASSEE, FL 32305				Mailing Address 935 COMMUNITY LN. TALLAHASSEE, FL 32305			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 03292007 Chg-NP CR2E037 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 59-3569310				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BRANNEN, CHESTER 935 COMMUNITY LN. TALLAHASSEE, FL 32305				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PITTMAN, WAYNE			NAME	100095914961 04/04/07--01048--014 **\$1.25		
STREET ADDRESS	124 NATURE TR. WAY			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32310			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOOD, NELDA			NAME			
STREET ADDRESS	380 STATE ST.			STREET ADDRESS			
CITY-ST-ZIP	EASTPOINT, FL 32328			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRANNEN, CHESTER			NAME			
STREET ADDRESS	935 COMMUNITY LN.			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32305			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-07

Date

Daytime Phone #