


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 26, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N99000006722</b> 1. Entity Name <b>FREEDOM CHRISTIAN TABERNACLE, INC.</b>	
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Principal Place of Business <b>201 N.E. 33RD STREET OAKLAND PARK, FL 33334 US</b>	Mailing Address <b>P.O. BOX 9367 FORT LAUDERDALE, FL 33310 US</b>
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04242006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0931903</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>UPSHAW, KAREN W 201 N.E. 33RD STREET OAKLAND PARK, FL 33334</b>
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**DO NOT WRITE  
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 reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVIN, EMOGENE W 201 N.E. 33RD STREET OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD UPSHAW, KAREN W 201 N.E. 33RD STREET OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WELCH, TORRANCE 201 N.E. 33RD STREET OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/08/06-80032-026 70.00

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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: Karen Upshaw **4/23/06 (954) 630-3933**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #