I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

SIGNATURE: LENA SNYDER

Electronic Signature of Signing Officer/Director Detail

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.

Officer/Director Detail :				
Title	PD	Title	SD	
Name	SNYDER, LENA R.	Name	CLARKE, CAROLYN	
Address	9825 NW 13TH AVENUE	Address	9150 NW 29TH COURT	
City-State-Zip:	MIAMI FL 33147	City-State-Zip:	MIAMI FL 33147	
Title	TD			
Name	HOWARD, DIANE			
Address	2760 NW 211 ST			

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT# 717322**

#### Entity Name: PENTECOSTAL APOSTOLIC FAITH TABERNACLE, INC.

### **Current Principal Place of Business:**

841 NW 70TH STREET MIAMI, FL 33147

#### **Current Mailing Address:**

9825 NW 13TH AVENUE MIAMI, FL 33147-2605 US

## FEI Number: 59-2802474

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CLARKE, CAROLYN 9150 NW 29TH COURT MIAMI, FL 33147 US

SIGNATURE:

City-State-Zip: MIAMI FL 33055

FILED Jan 26, 2017 Secretary of State CC8186250528

Certificate of Status Desired: Yes

PASTOR

Date

01/26/2017