Current Principal Place of Business:

Entity Name: APOSTOLIC FAITH TABERNACLE CHURCH, INC.

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

C/O PASTOR ALBERTA CAMPBELL 616 RODERICK A HARRIS SR AVENUE TITUSVILLE, FL 32796

Current Mailing Address:

DOCUMENT# 735241

C/O PASTOR ALBERTA CAMPBELL P.O. BOX 614 TITUSVILLE, FL 32781 US

FEI Number: 59-2386977

Name and Address of Current Registered Agent:

MUSGROVE, EUZERA L 616 RODERICK A HARRIS SR AVENUE TITUSVILLE, FL 32796 US

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

The above hamed e	enility submits this statement for the purpose of changing its regist	ered office of regist	ered agent, or both, in the State of Fior	iua.			
SIGNATURE:	E: EUZERA MUSGROVE			02/26/20			
	Electronic Signature of Registered Agent			Date			
Officer/Director Detail :							
Title	СТ	Title	TRUSTEE				
Name	CAMPBELL, ALBERTA	Name	MOORE, JESSIE L				

		Continues on page 2		
City-State-Zip:	ORLANDO FL 32819	,		
Address	5008 ANZIO STREET	City-State-Zip:	DADE CITY FL 33525	
Name	ANDERSON, EARLIENE	Address	37931 SOUTHVIEW AVENUE	
Title	TRUSTEE	Name	BRISTOL JR, WILLIE JAMES	
		Title	TRUSTEE	
City-State-Zip:	TITUSVILLE FL 32780	City-State-Zip:	ORLANDO FL 32719	
Address	1433 KINGS CT.	Address	5138 POLARIS STREET	
Name EA	EADDY, JAMES	Name	CRAYTON, LUCILLE J	
Title	TRUSTEE	Title	TRUSTEE	
City-State-Zip:	CLARCONA FL 32710			
Address	P O BOX 186	City-State-Zip:	ORLANDO FL 32811	
Name	MUSGROVE, EUZERA L.	Address	4055 KIRKLAND BLVD	
Title	TRUSTEE	Name	CHATTMAN, CARRIE	
		Title	TRUSTEE	
City-State-Zip:	TITUSVILLE FL 32796	City-State-Zip:	MIMS FL 32759	
Address	616 RODERICK A HARRIS SR AVENUE	Address	P O BOX 618	
Name	CAMPBELL, ALBERTA	Name	MOORE, JESSIE L	

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.

TRUSTEE

SIGNATURE: EUZERA L. MUSGROVE

Electronic Signature of Signing Officer/Director Detail

2019

Certificate of Status Desired: No

02/26/2019 Date

Officer/Director Detail Continued :

Title	TRUSTEE	Title	TRUSTEE
Name	DAVIS, CHARLENE	Name	CHATTMAN, KEON
Address	3817 MILLENIA BLVD. APT. 101	Address	1455 KIRKLAND BLVD.
City-State-Zip:	ORLANDO FL 32839	City-State-Zip:	ORLANDO FL 32811

TitleTRUSTEENameMUSGROVE, ANIEQUAAddress5400 S. WILLIAMSON BLVD.

BUILDING 5 APT. 307

City-State-Zip: PORT ORANGE FL 32728