

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735241

**Entity Name:** APOSTOLIC FAITH TABERNACLE CHURCH, INC.

**FILED**  
**Mar 17, 2021**  
**Secretary of State**  
**6486171764CC**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-2386977**

**Certificate of Status Desired: No**

**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.*

**SIGNATURE:** EUZERA MUSGROVE

03/17/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CT  
Name CAMPBELL, ALBERTA  
Address 616 RODERICK A HARRIS SR AVENUE  
City-State-Zip: TITUSVILLE FL 32796

Title TRUSTEE  
Name MUSGROVE, EUZERA L.  
Address P O BOX 186  
City-State-Zip: CLARCONA FL 32710

Title TRUSTEE  
Name CHATTMAN, CARRIE  
Address 4055 KIRKLAND BLVD  
City-State-Zip: ORLANDO FL 32811

Title TRUSTEE  
Name CRAYTON, LUCILLE J  
Address 5138 POLARIS STREET  
City-State-Zip: ORLANDO FL 32719

Title TRUSTEE  
Name ANDERSON, EARLIENE  
Address 5008 ANZIO STREET  
City-State-Zip: ORLANDO FL 32819

Title TRUSTEE  
Name BRISTOL JR, WILLIE JAMES  
Address 37931 SOUTHVIEW AVENUE  
City-State-Zip: DADE CITY FL 33525

Title TRUSTEE  
Name DAVIS, CHARLENE  
Address 2106 SHERBROOK AVENUE  
City-State-Zip: DAVENPORT FL 33837

Title TRUSTEE  
Name CHATTMAN, KEON  
Address 1455 KIRKLAND BLVD.  
City-State-Zip: ORLANDO FL 32811

**Continues on page 2**

*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:** MUSGROVE, EUZERA L.

TRUSTEE

03/17/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name MUSGROVE, ANIEQUA  
Address 5400 S. WILLIAMSON BLVD.  
BUILDING 5 APT. 307  
City-State-Zip: PORT ORANGE FL 32728

Title TRUSTEE  
Name CLEVELAND, WILLIE-CEAL  
Address 1450 HEBER CIRCLE  
City-State-Zip: ORLANDO FL 32811