

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

DOCUMENT# N00000002683

**FILED**  
**Feb 18, 2021**  
**Secretary of State**  
**9740511660CC**

**Entity Name:** FAITH TABERNACLE OF SOUTH TAMPA, INC.

**Current Principal Place of Business:**

6015 INTERBAY BLVD.  
TAMPA, FL 33611

**Current Mailing Address:**

PO BOX 130506  
TAMPA, FL 33681 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LAMBERTSON, NORMA REV.  
1513 COUNCIL DR  
SUN CITY CENTER, FL 33573 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name WALDRON, JOHN  
Address 6650 NW 127TH PLACE  
City-State-Zip: CHIEFLAND FL 32926

Title D  
Name MARCIA, BEASLEY  
Address 12009 DAWN VISTA DR.  
City-State-Zip: RIVERVIEW FL 33569

Title D  
Name WERNER, PHILIP  
Address 1552 COUNCIL DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title P  
Name LAMBERTSON, NORMA  
Address 1513 COUNCIL DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title VP  
Name WALDRON, BRENDA  
Address 6650 NW 127TH PL  
City-State-Zip: CHIEFLAND FL 32926

Title SECRETARY  
Name WADLEY, CELIA  
Address P.O.BOX 130506  
City-State-Zip: TAMPA FL 33681

Title TREASURER  
Name WADLEY, CELIA  
Address 4315 AEGEAN DR.  
210C  
City-State-Zip: TAMPA FL 33611

*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: REV. NORMA LAMBERTSON**

**PRESIDENT**

**02/18/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date