

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003316

Entity Name: FAITH TABERNACLE WORSHIP CENTER, INC.

Current Principal Place of Business:

4304 N PINE HILLS ROAD
ORLANDO, FL 32808

Current Mailing Address:

19534 LANDSDOWNE ST.
ORLANDO, FL 32833

FEI Number: 59-3650431

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLARKE, RANSFORD PASTOR
19534 LANDSDOWNE ST.
ORLANDO, FL 32833 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 PP
Name CLARKE, RANSFORD
Address 19534 LANDSDOWNE STREET
City-State-Zip: ORLANDO FL 32833

Title S
Name CLARKE, PHYLLIS
Address 19534 LANDSDOWNE STREET
City-State-Zip: ORLANDO FL 32833

Title T
Name CLARKE, DAVID
Address 19534 LANDSDOWNE STREET
City-State-Zip: ORLANDO FL 32833

Title D
Name BARTLEY, JOAN
Address 956 SALT POND PLACE
City-State-Zip: ORLANDO FL 32714

Title D
Name SOLOMON, LOVINA
Address 2182 LAKE MARION DRIVE
City-State-Zip: APOPKA FL 32712

Title D
Name RICHARDS, JULIE
Address 1770 CAROLINA WREN
City-State-Zip: ORLANDO FL 34761

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: RANSFORD CLARKE

PASTOR

01/14/2014

Electronic Signature of Signing Officer/Director Detail

Date