

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003316

**FILED**  
**Feb 13, 2017**  
**Secretary of State**  
**CC8278045063**

**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**

**02/13/2017**

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

\_\_\_\_\_  
Date