

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

DOCUMENT# N05000009584

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC0808729227**

**Entity Name:** HIGHWAY OF FAITH TABERNACLE, INC.

**Current Principal Place of Business:**

3550 N JOG ROAD  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

P.O. BOX 223116  
WEST PALM BEACH, FL 33422 US

**FEI Number:** 20-3523396

**Certificate of Status Desired:** No

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

HOLLINGSWORTH, NOEL  
102 OXFORD COURT  
ROYAL PALM BEACH, FL 33411 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 P  
Name HOLLINGSWORTH, NOEL  
Address 102 OXFORD CT.,  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title T  
Name BROOKS, CLIVE  
Address 5017 ELPINE WAY  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title S  
Name BROOKS, CLAUDINE  
Address 5017 ELPINE WAY  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title D  
Name HOLLINGSWORTH, MAUVA  
Address 102 OXFORD CT.,  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title D  
Name PAISLEY, DAPHNE  
Address 102 OXFORD COURT  
City-State-Zip: ROYAL PALM BEACH FL 33411

*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:** NOEL HOLLINGSWORTH

**PRESIDENT**

**01/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date