

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2009  
Secretary of State**

DOCUMENT# N05000012346

**Entity Name:** TABERNACLE OF PRAISE FELLOWSHIP CENTER INC.

**Current Principal Place of Business:**

4763 N PALMETTO AVENUE  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 781051  
ORLANDO, FL 32878

**New Mailing Address:**

**FEI Number:** 14-1947371      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GORDON, RUPERT P SR  
4920 FISKE  
ORLANDO, FL 32826 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GORDON, RUPERT P SR  
Address: 4920 FISKE CIRCLE  
City-St-Zip: ORLANDO, FL 32826 US

Title: A ( ) Delete  
Name: GORDON, JUDITH E  
Address: 4920 FISKE CIRCLE  
City-St-Zip: ORLANDO, FL 32826 US

Title: O ( ) Delete  
Name: SMITH, CLIFFORD  
Address: 7627 HIDDEN CYPRESS DR  
City-St-Zip: 7627 HIDDEN CYPRESS DR, FL 32822 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RUPERT GORDON

P

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date