


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90032 048 ****61.25

DOCUMENT # N96000003549	
1. Entity Name TABERNAACLE OF PEACE REVIVAL CENTER, INC.	

Principal Place of Business 7002 CAUSEWAY BLVD TAMPA FL 33619 US	Mailing Address 7816 WICHITA WAY TAMPA FL 33619 US
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2. Principal Place of Business 5006-6 Suite, Apt. #, etc. BROADWAY AVE	3. Mailing Address 7816 WICHITA WAY Suite, Apt. #, etc.
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City & State Tampa FL	City & State Tampa FL
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Zip 33619	Country USA	Zip 33619	Country USA
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1st MOORE CR2E037 (10/04)

4. FEI Number 59-3301856	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, ALBERTHA 7816 WICHITA WAY TAMPA FL 33619	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PCD NAME ALBERTHA WILLIAMS STREET ADDRESS 7816 WICHITA WAY CITY-ST-ZIP TAMPA FL 33619	<input type="checkbox"/> Delete	TITLE D NAME Melvin Watson STREET ADDRESS 4702 E. Serena Drive CITY-ST-ZIP Tampa, FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME EDWARD DURANT STREET ADDRESS 3211 NORTH CORD ST. CITY-ST-ZIP TAMPA FL 33605	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME FANNIE DURANT STREET ADDRESS 3211 NORTH CORD ST. CITY-ST-ZIP TAMPA FL 33605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT NAME SIDNEY WILLIAMS STREET ADDRESS 7816 WICHITA WAY CITY-ST-ZIP TAMPA FL 33619	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MARY PETERSON STREET ADDRESS 3001 N. STAR ST. CITY-ST-ZIP TAMPA FL 33605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HOLDER, GLADYS STREET ADDRESS 2912 WINDERMERE OAK LN., #101 CITY-ST-ZIP RIVERVIEW FL 33569	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alberta Williams Alberta Williams 2/13/05 1 813 6270150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #