


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000003335	
1. Entity Name TABERNACLE COMMUNITY DEVELOPMENT, INC.	

Principal Place of Business 2600 HAMMONDVILLE RD POMPAÑO BEACH, FL 33069	Mailing Address P.O. BOX 1043 POMPAÑO BEACH, FL 33061
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04082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0840788	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOWENS, HERBERT L
 361 NW 19TH COURT
 POMPAÑO BEACH, FL 33060

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE PD	NAME BOWENS, HERBERT L STREET ADDRESS 361 NW 19TH COURT CITY-ST-ZIP POMPAÑO BEACH, FL 33060
TITLE SD	NAME BOWENS, JOYCE A STREET ADDRESS 361 NW 19TH COURT CITY-ST-ZIP POMPAÑO BEACH, FL 33060
TITLE TD	NAME DINKINS, JOHN D STREET ADDRESS 2352 CODY STREET CITY-ST-ZIP HOLLYWOOD, FL 33020
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

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 04/13/05-80101-011 61.25

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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: *Herbert Bowens* **4-8-05** **954-661-8517**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #