

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 FEB 27 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000002850					
1. Entity Name TABERNACLE COMMUNITY EMPOWERMENT FOUNDATION, INC.					
Principal Place of Business 615 TUSKEGEE ST TALLAHASSEE, FL 32310			Mailing Address P O BOX 5982 TALLAHASSEE, FL 32314		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 55-0869945	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WALKER, STANLEY L SR 615 TUSKEGEE ST TALLAHASSEE, FL 32310					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State 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 _____ 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, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARRIS, BEN P.O. BOX 5982 TALLAHASSEE, FL 32314		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MIERHEAD, KIESHA P.O. BOX 10084 TALLAHASSEE, FL 32314		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700091009867 03/06/07--01009--024 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, DIEDRA 602 CAMPBELL STREET TALLAHASSEE, FL 32310		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HART, BETTY 3035 BARCLAY COURT TALLAHASSEE, FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, SHERRY 2629 BLAIRSTONE RD TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, STANLEY L SR. P.O. BOX 5982 TALLAHASSEE, FL 32314		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Stanley Walker, Sr.</u>			Date <u>02/27/07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		



02272007 Chg-NP CR2E037 (12/06) *RSC*