


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAY -5 PM 4:23

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 US			Mailing Address P O BOX 5982 TALLAHASSEE, FL 32314 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 55-0869945	
5. Certificate of Status Desired <input type="checkbox"/>				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	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 12, 2008		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					
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hughes, Mildred J. P O Box 5572 Tallahassee, FL 32314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, STANLEY L SR P O BOX 5982 TALLAHASSEE, FL 32314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Acoff, Edward 1422 Nancy Drive Tallahassee, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, DIEDRA 602 CAMPBELL STREET TALLAHASSEE, FL 32310	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anderson, Gloria P O Box 5412 Tallahassee, FL 32314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HART, BETTY 3035 BARCLAY COURT TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Baker, Sherri 2225 Potts Drive Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, SHERRY 2629 BLAIRSTONE RD TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Palmer, Deloria 8971 Magellan Trail Tallahassee, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Add 000129223089 05/13/08--01034--007 **61.25
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: <i>BEN HARRIS</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <i>8/20/08</i> <small>Daytime Phone #</small>	