2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011162

Entity Name: EVANGELISTIC TABERNACLE, INC.

Current Principal Place of Business:

6501 W SUNRISE BLVD. PLANTATION, FL 33313

Current Mailing Address:

4761 SW 126 AVENUE

SOUTHWEST RANCHES. FL 33330

FEI Number: 26-1608851 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

EVANGELISTIC TABERNACLE 4761 SW 126 AVENUE SOUTHWEST RANCHES, FL 33330 US

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: DEHLIA FRANKLIN 04/15/2025

Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title

THOMAS, FITZROY JUNIOR REV FRANKLIN, DEHLIA ELENOR DR. Name Name

9841 NW 19TH PLACE Address Address 4761 SW 126 AVENUE

City-State-Zip: SOUTHWEST RANCHES FL 33330 SUNRISE FL 33322 City-State-Zip:

Title DIRECTOR Title D

Name JONES, PATRICK WILMOT, JUANA Name

Address 6501 W SUNRISE BLVD. Address 7380 NW 51 STREET PLANTATION FL 33313 City-State-Zip: City-State-Zip: LAUDERHILL FL 33319

Title DIRECTOR Title **DIRECTOR**

Name MCDONALD, KEVIN REV. SHELTON, MARCIA HOPE Name Address 6501 W SUNRISE BLVD. Address 3610 NW 21ST STREET

APT 303

City-State-Zip: City-State-Zip: LAUDERDALE LAKES FL 33311

Title CFO **OFFICER** Title

FRANKLIN, COLLIN L Name LEVY WALTERS, ANGELIQUE 4761 SW 126 AVENUE Address

Address 888 AZALEA COURT City-State-Zip: SOUTHWEST RANCHES FL 33330 PI ANTATION

Name

City-State-Zip: PLANTATION FL 33317

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I hereby 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 all other like empowered.

04/15/2025 SIGNATURE: DEHLIA FRANKLIN DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

PLANTATION FL 33313

FILED Apr 15, 2025

Secretary of State

7499516460CC

Date

Officer/Director Detail Continued:

Title OFFICER Title O

NameWILSON, MILLICENTNameEDWARDS, CARVALEEAddress7010 NW 20TH STREETAddress6501 W SUNRISE BLVD.City-State-Zip:SUNRISE FL 33313City-State-Zip:PLANTATION FL 33313