# above, or on an attachment with all other like empowered.

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

Electronic Signature of Signing Officer/Director Detail

# 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N1200008990

Entity Name: TABERNACLE DE JESUS CHRIST DEPPE, INC

### Current Principal Place of Business:

955 NE 170 STREET UNIT 219 MIAMI, FL 33162

#### **Current Mailing Address:**

955 NE 170 STREET 219 MIAMI, FL 33162

#### FEI Number: 46-1022448

## Name and Address of Current Registered Agent:

TAX PILOT CONSULTING, LLC 1550 NE 191 STREET 111 MIAMI, FL 33179 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:

Electronic Signature of Registered Agent

#### Officer/Director Detail :

Title	DIR	Title	PRE
Name	DESAMOURS, RILDIN	Name	DESAMOURS, ACHILLE
Address	84 NE 161 STREET	Address	84 NE 161 STREET
City-State-Zip:	MIAMI FL 33162	City-State-Zip:	MIAMI FL 33162
Title	TR	Title	SEC
Title Name	TR DESAMOURS, RACHELLE	Title Name	SEC DESAMOURS, DAPHNEY
Name	DESAMOURS, RACHELLE	Name	DESAMOURS, DAPHNEY

SIGNATURE: RACHELLE DESAMOURS

FILED Apr 30, 2013 Secretary of State CC6965861128

Certificate of Status Desired: No

04/30/2013 Date

Date