

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712730

FILED  
Feb 10, 2012  
Secretary of State

**Entity Name:** THE CHURCH OF GOD TABERNACLE, INC.

**Current Principal Place of Business:**

2260 NW 117TH ST  
MIAMI, FL 33167 US

**New Principal Place of Business:**

**Current Mailing Address:**

2260 NW 117TH ST  
P.O. BOX 680580  
MIAMI, FL 33168 US

**New Mailing Address:**

**FEI Number:** 59-2578100      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, YVONNE  
2260 NW 117TH STREET  
MIAMI, FL 33167 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VPSD  
Name: WILSON, MAMIE  
Address: 11400 NW 22ND AVE  
City-St-Zip: MIAMI, FL

Title: D  
Name: WORTHAM, WALTER  
Address: 11334 N.W. 22ND AVE  
City-St-Zip: MIAMI, FL

Title: PD  
Name: WILSON, JOHN  
Address: 11434 NW 22ND AVE  
City-St-Zip: MIAMI, FL 33167,

Title: TD  
Name: WILSON, MAMIE YVONNE  
Address: 11338 N. W. 22ND AVE.  
City-St-Zip: MIAMI, FL

Title: TRUD  
Name: WILSON, MAMIE Y TRUST/D  
Address: 2260 NW 117 TH ST  
City-St-Zip: MIAMI, FL 33167

Title: DIRE  
Name: DESHAWN, GREEN  
Address: 1881 NW 135TH STREET  
City-St-Zip: MIAMI, FL 33167

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.

SIGNATURE: MAMIE Y WILSON

TRUS

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date