

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 736552**

1. Entity Name

FIRST TABERNACLE OF JESUS CHRIST, INC.



Principal Place of Business

7424 N.E. 2ND AVE.  
MIAMI, FL 33138

Mailing Address

7424 N.E. 2ND AVE.  
MIAMI, FL 33138



03022003 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0450827

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROGERS, EDWARD M  
1401 N.W. 17TH AVE.  
MIAMI, FL 33125

**DO NOT WRITE  
IN THIS SPACE**

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 September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	ST. VIL, JEAN PROSPER
STREET ADDRESS	51 N.W. 51ST STREET
CITY - ST - ZIP	MIAMI, 33127
TITLE	VDT
NAME	ST. VIL, JEREMIE
STREET ADDRESS	51 N.W. 51ST STREET
CITY - ST - ZIP	MIAMI, 33127
TITLE	STD
NAME	ALTIDORE, MARIE ERMANISE
STREET ADDRESS	197 N.W. 88TH STREET
CITY - ST - ZIP	MIAMI, FL 33150
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UD00000161441  
05/24/04-800088-014 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: St. Vil  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-20-04 305-754-3101  
Date Daytime Phone #