2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #738120

Entity Name

TABÉRNACLE MISSIONARY BAPTIST CHURCH OF WEST PALM BEACH, FLORIDA



FILED Apr 12, 2007 8:00 am Secretary of State

04-12-2007 90044 041 ****70.00

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Principal Place of Business 801 8TH STREET WEST PALM BCH, FL 33401-3607			Mailing Address 801 8TH STREET WEST PALM BCH, FL 33401-3607					400	058621		BID41 BID41 B4B11 B4B	*****	
2. Principal Place of Business - No P.O. Box # 3. Mail				Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04092007	Chg-NP	CBOE	037 (12/06)		
City & State			City & State					4. FEI Numbe	· · · · · · · · · · · · · · · · · · ·	UNZE		oplied For	
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Zip	Zip Country				intry		5. Certificate	of Status Desired		\$8.75 Add			
6. Name and Address of Current Re			Registered	stered Agent			7. Name and Address of New Registered Agent						
· · · · · · · · · · · · · · · · · · ·						Name							
SMITH, ULYSSESS TABERNACLE MISSIONARY BAPTIST C			HURCH	IURCH			Street Address (P.O. Box Number is Not Acceptable)						
801 EIGHT WEST PAL		H, FL 33401											
				City						F	L Zip Cod	le	
	named entity	y submits this statement for	the purpo	se of changing its r	egistere	ed office or re	registere	ed agent, or bot	h, in the State of F	lorida. I ar	n familiar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
Filling Fee Is \$61.25 9. Election Campaign Financi						inancina					ck payable t	<u> </u>	
		lay 1, 2007		Trust Fund C	. •			\$5.00 May B Added to Fees			artment of S		
10.			ECTORS		. •		<u>,</u>	Added to Fees		orida Depa	artment of S	tate	
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	Due by N	OFFICERS AND DIR	ECTORS	Trust Fund Co	ontributi	ion. C	<u>,</u>	Added to Fees	Flo	orida Depa	DIRECTORS IN	tate	
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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 is 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:

Mestine DIS Trashire Danes

MATTER AND TYPED OR PRINTED HAME OF BIONING OFFICER OR DIRECTOR

Alie 9, 2007

561/832-833

Daytime Phone #