

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 738120

1. Entity Name
TABERNACLE MISSIONARY BAPTIST CHURCH OF
WEST PALM BEACH, FLORIDA



FILED
Jul 09, 2008 08:00 AM
Secretary of State

Principal Place of Business

801 8TH STREET
WEST PALM BCH, FL 33401-3607

Mailing Address

801 8TH STREET
WEST PALM BCH, FL 33401-3607



07072008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
23-7335436

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, ULYSSESS
TABERNACLE MISSIONARY BAPTIST CHURCH
801 EIGHTH ST.
WEST PALM BEACH, FL 33401

**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 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000353838
07/09/08-80006-033 70.00

10. OFFICERS AND DIRECTORS

TITLE CD
NAME SMITH, ULYSSES
STREET ADDRESS 3940 AUSTRALIAN CT.
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE D
NAME TURNQUEST, SANDRA
STREET ADDRESS 1429 6TH ST.
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME NEALY, LAVERNE
STREET ADDRESS 1560 6TH ST.
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE SD
NAME SMITH, CHRISTOPHER
STREET ADDRESS 715 N "L" STREET #2
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE D
NAME DUMARS, PAUL SR
STREET ADDRESS 1283 GEMBROOK COURT
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE T
NAME JONES, ERNESTINE
STREET ADDRESS 1713 HILTONIA CIRCLE
CITY-ST-ZIP WEST PALM BEACH, FL 33407

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IN THIS SPACE**

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 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:

Ernestine Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/08
Date

561-355-3353
Daytime Phone #