2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#738120

FILED Apr 05, 2009 Secretary of State

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

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
301 8TH S WEST PA	STREET LM BCH, FL	334013607			
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
301 8TH S WEST PA	STREET LM BCH, FL	334013607			
El Number	: 23-7335436	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of	Current Registered Agent:	Name and Addres	s of New Registered Agent:	
TABERNA 301 EIGH ⁻ WEST PA The above	TH ST. LM BEACH, F e named entity		purpose of changing its registe	ered office or registered agent, or both,	
	e of Florida.				
SIGNATU		nic Signature of Registered Ac	gent	Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Fitle: Name: Nddress: Dity-St-Zip:	SMITH,ULYSS 3940 AUSTRA		Title: Name: Address: City-St-Zip:	() Change () Addition	
) Delete	Title:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip:	TURNQUEST, 1429 6TH ST.		Name: Address: City-St-Zip:		
lame: Address: City-St-Zip: Title: Jame: Address:	TURNQUEST, 1429 6TH ST. WEST PALM I D (NEALY, LAVE 1560 6TH ST.	SANDRA BEACH, FL 33401) Delete	Name: Address:	() Change() Addition	
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	TURNQUEST, 1429 6TH ST. WEST PALM I D (NEALY, LAVE 1560 6TH ST. WEST PALM I	SANDRA BEACH, FL 33401) Delete RNE BEACH, FL 33401) Delete STOPHER	Name: Address: City-St-Zip: Title: Name: Address:		
lame: Address: Dity-St-Zip: Title: Jame: Address: Dity-St-Zip: Title: Jame: Address:	TURNQUEST, 1429 6TH ST. WEST PALM I D (NEALY, LAVE 1560 6TH ST. WEST PALM I SD (SMITH, CHRIS 715 N LAKE WORTH D (DUMARS, PAL 1283 GEMBRI	SANDRA BEACH, FL 33401) Delete RNE BEACH, FL 33401) Delete STOPHER I, FL 33460) Delete JL SR	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ERNESTINE JONES TREA 04/05/2009