# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 20, 2009**
**Secretary of State**

DOCUMENT# 743510

**Entity Name:** HOLY TABERNACLE INTERNATIONAL HOUSE OF PRAYER FOR ALL MANKIND, INC.

**Current Principal Place of Business:**

21855 PHILMONT COURT
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

21855 PHILMONT COURT
BOCA RATON, FL 33428

**New Mailing Address:**

**FEI Number: 59-1845948** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BENJAMIN, CHRIS
21855 PHILMONT CT
BOCA RATON, FL 33428 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: D ( ) Delete
Name: BENJAMIN, CHRIS REV.
Address: 2301 NW 119 ST. BLDG. 2 #116
City-St-Zip: MIAMI, FL 33167

Title: D ( ) Delete
Name: MIXON, THEODOTHIA
Address: 18200 NW 5TH PLACE
City-St-Zip: CAROL CITY, FL

Title: D ( ) Delete
Name: BENJAMIN, III, CHRIS
Address: 21855 PHILMONT CT.
City-St-Zip: BOCA RATON, FL 33428

Title: M ( ) Delete
Name: BENJAMIN, SHERONNE
Address: 21855 PHILMONT CT.
City-St-Zip: BOCA RATON, FL 33428

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHRIS BENJAMIN 111 D 04/20/2009

Electronic Signature of Signing Officer or Director Date