2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N01000000233

Entity Name: TABERNACLE CHRISTIAN CENTER MINISTRIES INC.

Current Principal Place of Business:

6741 PEMBROKE RD
PEMBROKE PINES, FL 33023

New Principal Place of Business:

Current Mailing Address:

6741 PEMBROKE RD
PEMBROKE PINES, FL 33023

New Mailing Address:

FEI Number: 65-1059188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TERRELONGE, JEFFERINGTON
19279 N. HIBISCUS STREET
WESTON,, FL 33332 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: TERRELONGE, LORENCETA A
Address: 19279 N. HIBISCUS STREET
City-St-Zip: WESTON, FL 33332

Title: O ( ) Delete
Name: NICHOLLS, JOYCINTH
Address: 3172 SW 128TH TERR
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete
Name: TERRELONGE, JEFFERINGTON P
Address: 19279 N. HIBISCUS STREET
City-St-Zip: WESTON, FL 33332

Title: O ( ) Delete
Name: NICHOLLS, MILTON
Address: 4313 W. WHITEWATER AVE
City-St-Zip: WESTON, FL 33332

Title: O ( ) Delete
Name: DESOUZA, ALBERT
Address: 671 NW 194TH STREET
City-St-Zip: MIAMI GARDENS, FL 33169

Title: O ( ) Delete
Name: WILLIAMS, MARIA
Address: 2281 SHERMAN CIRCLE
City-St-Zip: MIRAMAR, FL 33025

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:

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: JEFFERINGTON TERRELONGE REV 03/26/2009

Electronic Signature of Signing Officer or Director Date