


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90002 037 ****61.25

DOCUMENT # N0100000502

1. Entity Name
TABERNAACLE OF GOD MINISTRIES, INC.



Principal Place of Business
1605 MERCY DRIVE
ORLANDO, FL 32808

Mailing Address
PO BOX 196277
WINTER SPRINGS, FL 32819

2. Principal Place of Business
1200 W. Central Blvd

3. Mailing Address
PO Box 196277

Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Winter Springs FL

Zip
32805

Country
Orange

Zip
32719

Country
Seminole



01212004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

BROWN, RONALD H
137 LORI ANNE LANE
WINTER SPRINGS, FL 32708

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, RONALD H	
STREET ADDRESS	137 LORI ANNE LANE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, DOROTHY E	
STREET ADDRESS	137 LORI ANNE LANE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	T	<input type="checkbox"/> Delete
NAME	JENKINS, KINIESHA	
STREET ADDRESS	2026 FITZGERALD ST. 2751-B Bentwillow	
CITY-ST-ZIP	JACKSONVILLE, FL 32254 Orlando, FL 32808	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PALMER, JACQUELINE A	
STREET ADDRESS	2711 PASEO STREET	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JESSZE, SHARON D	
STREET ADDRESS	5222 N O.B.T. APT 208	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CALDWELL, ALLEN	
STREET ADDRESS	4832 BENNINGTON PL	
CITY-ST-ZIP	ORLANDO, FL 32803	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA WILSON
STREET ADDRESS	1829 ATTUCKS ST
CITY-ST-ZIP	ORLANDO, FL 32838
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T MARISSA Ratliff
STREET ADDRESS	546 HORSEMAN DR
CITY-ST-ZIP	OVIDO, FL 32765
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T J.W. Weathersby
STREET ADDRESS	4113 Eagle Feather Dr
CITY-ST-ZIP	Orlando, FL 32829
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T Barbara Wilson
STREET ADDRESS	1829 Attucks St
CITY-ST-ZIP	Orlando, FL 32838

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ronald H. Brown Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR