


FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90296 016 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000000502			
1. Entity Name TABERNAACLE OF GOD MINISTRIES, INC.			
Principal Place of Business 1200 W. CENTRAL BLVD. ORLANDO, FL 32805		Mailing Address PO BOX 196277 WINTER SPRINGS, FL 32719	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROWN, RONALD H 137 LORI ANNE LANE WINTER SPRINGS, FL 32708		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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, RONALD H	NAME	
STREET ADDRESS	137 LORI ANNE LANE	STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DOROTHY E	NAME	
STREET ADDRESS	137 LORI ANNE LANE	STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, KINIESHA	NAME	
STREET ADDRESS	2751-B BENTWILLOW CIR.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32808	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RATLIFF, MARISSA	NAME	CASSANDRA JACKSON
STREET ADDRESS	546 HURSEMEN DR.	STREET ADDRESS	3948 W.D. Judge DR.
CITY-ST-ZIP	OVIEDO, FL 32765	CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEATHERSBY, J.W.	NAME	Elizabeth St Rose
STREET ADDRESS	4113 EAGLE FEATHER DR.	STREET ADDRESS	226 Ridge Crest Loop
CITY-ST-ZIP	ORLANDO, FL 32829	CITY-ST-ZIP	MINNEOLA, FL 34715
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, BARBARA	NAME	
STREET ADDRESS	1829 ATTICKS ST.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32830	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Ronald H. Brown - Ronald H. Brown</u>		Date: <u>4/28/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

50051003



03282005 Chg-NP CR2E037 (10/03)

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

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