


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90226 007 ****61.25

DOCUMENT # N0100000502
 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

40081970



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

02092006 Chg-NP CR2E037 (11/05)

| | |
|---------------------------------|-------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
|---------------------------------|-------------------------------|

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

| | | | |
|-------------------------------------------------------------------|--|----------------------------------------------------|--|
| 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, 2006 | 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 | CEO | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, RONALD H | → | NAME | BROWN, RONALD H | (Title change) |
| STREET ADDRESS | 137 LORI ANNE LANE | | STREET ADDRESS | 137 LORI ANNE LANE | |
| CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | | CITY-ST-ZIP | WINTER SPRINGS, FL 32708 | |
| 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 type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JACKSON, CASSANDRA | | NAME | | |
| STREET ADDRESS | 3948 W. D. JUDGE DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32808 | | CITY-ST-ZIP | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ST ROSE, ELIZABETH | | NAME | | |
| STREET ADDRESS | 226 RIDGE CREST LOOP | | STREET ADDRESS | | |
| CITY-ST-ZIP | MINNEOLA, FL 34715 | | CITY-ST-ZIP | | |
| 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 exemptions contained 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 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