


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 08, 2008 8:00 am**  
**Secretary of State**

08-08-2008 90016 044 \*\*\*\*61.25

**DOCUMENT # N0100000502**

1. Entity Name  
 TABERNACLE OF GOD MINISTRIES, INC.



Principal Place of Business  
 1200 W. CENTRAL BLVD.  
 ORLANDO, FL 32805

Mailing Address  
 PO BOX 196277  
 WINTER SPRINGS, FL 32719

40112957



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

08062008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
 NOT APPLICABLE

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
 BROWN, RONALD H  
 137 LORI ANNE LANE  
 WINTER SPRINGS, FL 32708

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

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

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 NAME STREET ADDRESS CITY - ST - ZIP	CEOD <b>CEO</b> <input type="checkbox"/> Delete BROWN, RONALD H 137 LORI ANNE LANE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete BROWN, DOROTHY E 137 LORI ANNE LANE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete JENKINS, <b>KINIESHA</b> <b>Kimesha</b> 2751-B BENTWILLOW CIR. ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete WILSON, BARBARA 1829 ATTICKS ST. ORLANDO, FL 32830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete HOLLIDAY, JAMES 126 PEARLWOOD STREET ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_