

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90084 012 \*\*\*\*61.25

**DOCUMENT # N02000002433**

1. Entity Name

TABERNACLE WORSHIP CENTER, INC.



Principal Place of Business

1801 NE 13TH ST.  
FORT LAUDERDALE FL 33304

Mailing Address

PO BOX 5964  
FORT LAUDERDALE FL 33310

94039139



MOORE

CR2E037 (11/03)

2. Principal Place of Business

1801 NE 13TH ST

3. Mailing Address

P.O. Box 5964

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FORT LAUDERDALE FL Fort Lauderdale

City & State

City & State

Florida

Florida

Zip

Country

Zip

Country

33304

USA

33310

USA

4. FEI Number

02-0582930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

MACCENAT, OSLET  
3017 N. OAKLAND FOREST DR. #201  
OAKLAND PARK FL 33309

7. Name and Address of New Registered Agent

Name **OSLET MACCENAT**

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

3017 N. Oakland Forest DR # 201

City

Oakland Park

FL

Zip Code

33309

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

*Oslet Maccenat*

03-25-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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 CD ☐ Delete  
NAME JEAN JACQUES, MAXO  
STREET ADDRESS 2770 SOMERSET DR. #411 R  
CITY-ST-ZIP LAUDERDALE LAKES FL 33311

TITLE SD ☐ Delete  
NAME MACCENAT, OSLET  
STREET ADDRESS 3017 N. OAKLAND FOREST DR. #201  
CITY-ST-ZIP OAKLAND PARK FL 33309

TITLE SD ☐ Delete  
NAME MERILIEN, MERILES  
STREET ADDRESS 607 N E 29TH DRIVE  
CITY-ST-ZIP WILTON MANORS FL 33334

TITLE TD ☐ Delete  
NAME MERILIEN, CLORAINE  
STREET ADDRESS 1525 N W 54TH TERRACE  
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE D ☐ Delete  
NAME LOUICIMA, OBAS  
STREET ADDRESS 540 N E 14TH PL  
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(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:

*Oslet Maccenat*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-25-04