

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90136 017 \*\*\*\*61.25

<b>DOCUMENT # N02000002433</b> 1. Entity Name <b>TABERNACLE WORSHIP CENTER, INC.</b>			
Principal Place of Business <b>1801 NE 13TH ST.</b> <b>FORT LAUDERDALE, FL 33304</b>		Mailing Address <b>PO BOX 5964</b> <b>FORT LAUDERDALE, FL 33310</b>	
2. Principal Place of Business <b>1901 E. Commercial</b> Suite, Apt. #, etc. <b>Boulevard</b>		3. Mailing Address <b>4361 NW 38th terr</b> Suite, Apt. #, etc.	
City & State <b>Fort Lauderdale FL.</b>		City & State <b>Lauderdale Lakes FL.</b>	
Zip <b>33308</b> Country		Zip <b>33309</b> Country <b>Broward</b>	
4. FEI Number <b>02-0582930</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MACCENAT, OSLET</b> <b>3017 N. OAKLAND FOREST DR. #201</b> <b>OAKLAND PARK, FL 33309</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PP</b> <b>MACCENAT, OSLET</b> <b>4361 NW 38TH TERRACE</b> <b>FORT LAUDERDALE, FL 33309</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>JEAN JACQUES, MAXO</b> <b>2770 SOMERSET DR. #411R</b> <b>LAUDERDALE LAKES, FL 33311</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ZEPHIRIN, IVANA</b> <b>1345 N ANDREWS AVE APT #2</b> <b>FORT LAUDERDALE, FL 33311</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MERILIEN, CLORAINE</b> <b>1525 N W 54TH TERRACE</b> <b>LAUDERHILL, FL 33313</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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.			
<b>SIGNATURE:</b> <u>Oslet Maccenat</u>		<b>03-14-06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	