

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002433

FILED
Apr 02, 2009
Secretary of State

Entity Name: TABERNACLE WORSHIP CENTER, INC.

Current Principal Place of Business:

1901 E COMMERCIAL BLVD
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

4361 NW 38TH TERR
LAUDERDALE LKS, FL 33309

New Mailing Address:

FEI Number: 02-0582930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PP () Delete
Name: MACCENAT, OSLET
Address: 4361 NW 38TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VP () Delete
Name: JEAN JACQUES, MAXO
Address: 4576 NW 41ST PLACE
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: S () Delete
Name: ZEPHIRIN, IVANA
Address: 1712 NE 7TH AVE
City-St-Zip: LAUDERDALE LAKES, FL 33305

Title: T () Delete
Name: MERILIEN, CLORAINE
Address: 1525 N W 54TH TERRACE
City-St-Zip: LAUDERHILL, FL 33313

Title: T (X) Delete
Name: ASSULAIRE, ALCIME
Address: 515 NW 18TH STREET APT A FORT
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: JEAN JACQUES, MAXO
Address: 4576 NW 41ST PLACE
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ASSULAIRE, ALCIME
Address: 515 NW 18TH STREET APT A FORT
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSLET MACCENAT

PP

04/02/2009

Electronic Signature of Signing Officer or Director

Date