2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N02000002868

Entity Name: HOLY TABERNACLE OF GOD MINISTRIES, INC.

Current Principal Place of Business:

6831 RESTLAWN DR.
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12702
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 27-0008708 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCCORMICK-SIMS, VALERIE PASTOR
6831 RESTLAWN DRIVE
JACKSONVILLE, FL 32208 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:	DT	( ) Delete
Name:	MCCORMICK-SIMS, VALERIE PASTOR	
Address:	6831 RESTLAWN DRIVE #1	
City-St-Zip:	JACKSONVILLE, FL 32208	
Title:	D	( ) Delete
Name:	JENKINS II, MONTEMUS MIN	
Address:	6831 RESTLAWN DRIVE #1	
City-St-Zip:	JACKSONVILLE, FL 32208	
Title:	D	( ) Delete
Name:	JENKINS, JOE SR	
Address:	6831 RESTLAWN DRIVE #1	
City-St-Zip:	JACKSONVILLE, FL 32208	
Title:	D	( ) Delete
Name:	JENKINS, IVORY K MINISTE	
Address:	6831 RESTLAWN DRIVE #1	
City-St-Zip:	JACKSONVILLE, FL 32208	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VALERIE SIMS-MCCORMICK PAST 04/28/2005

Electronic Signature of Signing Officer or Director — Date