

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004051

FILED
Apr 28, 2009
Secretary of State

Entity Name: L'EGLISE BAPTISTE DU TABERNACLE, INC.

Current Principal Place of Business:

4100 MARTIN LUTHER KING JR ST SOUTH
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

4100 MARTIN LUTHER KING JR ST SOUTH
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 04-3629001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAINT JACQUES, OLIANT
5325 4TH ST SOUTH
ST. PETERSBURG, FL 33705 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: D () Delete
Name: ELIACIN, PIERRE L
Address: 8309 BROKEN WILLOW AVE
City-St-Zip: PORT RICHEY, FL 34668

Title: T () Delete
Name: ST JACQUES, NADEGE
Address: 5325 4TH ST S
City-St-Zip: ST PETERSBURG, FL 33705

Title: T () Delete
Name: CHARLES, KETTELIE
Address: 7048 54TH ST NORTH
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: ST JACQUES, CLAIRE G
Address: 5325 4TH ST S
City-St-Zip: ST PETERSBURG, FL 33705

Title: T (X) Change () Addition
Name: BENJAMIN, NADEGE
Address: 13810 KAPOK CT APT 15-L
City-St-Zip: TAMPA, FL 33613

Title: O (X) Change () Addition
Name: MORISSET, MICHELSON
Address: 5325 4TH ST S
City-St-Zip: ST PETERSBURG, FL 33705

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: NADEGE BENJAMIN

T

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date