

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02908

FILED
May 07, 2009
Secretary of State

Entity Name: TABERNACLE OF GOD CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

13302 LYNN RD.
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

13302 LYNN RD.
TAMPA, FL 33625

New Mailing Address:

FEI Number: 59-2865194 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SOTOLONGO, ISRAEL J
15548 LOCUSTBERRY CT
LAND O LAKES, FL 34638 US

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: PDC () Delete
Name: SOTOLONGO, ISRAEL J.
Address: 15548 LOCUSTBERRY CT
City-St-Zip: LAND O LAKES, FL 34638 US

Title: SD () Delete
Name: PARGAS, ARMANDO
Address: 10627 FAIRFIELD VILLAGE DR.
City-St-Zip: TAMPA, FL 33624 US

Title: VD () Delete
Name: SOTOLONGO, MARIA I.
Address: 15548 LOCUSTBERRY CT
City-St-Zip: LAND O LAKES, FL 34638 US

Title: T () Delete
Name: LIMA, ONOFRE
Address: 8824 W BROAD ST
City-St-Zip: TAMPA, FL 33615 US

Title: M () Delete
Name: ACOSTA, JORGE
Address: 15753 GREYROCK DR
City-St-Zip: SPRING HILLS, FL 34610 US

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:

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: JORGE ACOSTA

M

05/07/2009

Electronic Signature of Signing Officer or Director

Date