2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90066 047 ****70.00

DOCUMENT # N03000009939

1. Entity Name

TABERNACLE OF SALVATION TABERNACLE DU SALUT CORP.

Principal Place of Business	Mailing Address
844 NW 101 STREET MIAMI FL 33150	844 NW 101 STREET MIAMI FL 33150

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
844 N.W. 101st Street	844 N.W. 101st Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FLORIDA	City & State: Miami, Florida
Zip: 33150 Country: U.S.A	Zip: 33150 Country: U.S.A

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEMOSTHENE, GABRIEL PASTOR
844 NW 101 STREET
MIAMI FL 33150

7. Name and Address of New Registered Agent

Name: Demosthene Gabriel Pastor

Street Address (P.O. Box Number is Not Acceptable): 844 N.W. 101st Street

City: Miami FL Zip Code: 33150

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEMOSTHENE, GABRIEL PASTOR 844 NW 101 STREET MIAMI FL 33150	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deacon Denys Joseph 160 N.E. 84th Street Miami, FL 33138	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PETIT-HOMME, GARRY 6438 N.E. 1ST PLACE MIAMI FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PETIT-HOMME, NAOMIE 6438 NE 1 PLACE MIAMI FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VIRTYL, PHYSELLE 13550 N.E. 10TH AVENUE, APT. #18 NORTH MIAMI FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHARLESTIN DEMOSTHEN, NESLYNE N 844 NW 101 STREET MIAMI FL 33150	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETIT-HOMME, CAMY 6438 N.E. 1ST PLACE MIAMI FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: _____ 04-26-2005 (786) 2904085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #