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

SIGNATURE:

## May 03, 2005 8:00 am DOČUMENT # N03000009939 Secretary of State 1. Entity Name 05-03-2005 90066 047 \*\*\*\*70.00 TABERNACLE OF SALVATION TABERNACLE DU SALUT CORP. Principal Place of Business Mailing Address 844 NW 101 STREET 844 NW 101 STREET **MIAMI FL 33150 MIAMI FL 33150** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 844 N. c Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent (rabril DEMOSTHENE, GABRIEL PASTOR **844 NW 101 STREET MIAMI FL 33150** 73/50 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE DITTE ☐ Delete Addition DEMOSTHENE, GABRIEL PASTOR NAME 844 NW 101 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33150 CITY-ST-7IP CITY-ST-ZIP VPD TITLE ☐ Delete TITLE ☐ Change ☐ Addition PETIT-HOMME, GARRY NAME NAME 6438 N.E. 1ST PLACE STREET ADDRESS STREET ADDRESS MIAMI FL 33138 CITY-ST-ZIP CITY-ST-ZIP SD TITLE □ Defete Change Addition PETIT-HOMME, NAOMIE NAME 6438 NE 1 PLACE STREET ADDRESS STREET ADDRESS MIAMI FL 33138 CITY-ST-7IP CHY-ST-7IP מד TITLE ☐.Delete TITLE Change ☐ Addition VIRTYL, PHYSELLE NAME NAME STREET ADDRESS 13550 N.E. 10TH AVENUE, APT. #18 STREET ADDRESS NORTH MIAMI FL 33161 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition CHARLESTIN DEMOSTHEN, NESLYNE N NAME NAME 844 NW 101 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33150 CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE Addition PETIT-HOMME, CAMY NAME NAME 6438 N.E. 1ST PLACE STREET ADDRESS STREET ADDRESS MIAMI FL 33138 CITY-ST-ZIP CITY-ST-ZIP 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.

NAME OF SIGNING OFFICER OR DIRECTOR

04-26-2005

**FILED**