2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N03000009939

Entity Name: TABERNACLE OF SALVATION, INC

Current Principal Place of Business:

1685 N.W. 133RD STREET
N. MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

1685 N.W. 133RD STREET
N. MIAMI, FL 33167

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

DEMOSTHENE, GABRIEL PASTOR
1685 N.W. 133RD STREET
N. MIAMI, FL 33167 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:	PD	( ) Delete
Name:	DEMOSTHENE, GABRIEL PASTOR	
Address:	1685 NW 133RD STREET	
City-St-Zip:	N. MIAMI, FL 33167	
Title:	MEM	( ) Delete
Name:	RAMNARINE, NORMAN	
Address:	3501 NW 20 STREET	
City-St-Zip:	MIAMI, FL 33148	
Title:	S	( ) Delete
Name:	ANDERSON, ANDRE	
Address:	4546 NW 90 AVE	
City-St-Zip:	SUNRISE, FL 33351	
Title:	TD	( ) Delete
Name:	ISRAEL, MARIE C	
Address:	521 N.E. 164TH STREET	
City-St-Zip:	NORTH MIAMI BEACH, FL 33162	
Title:	D	( ) Delete
Name:	PETIT-HOMME, CAMY	
Address:	6438 N.E. 1ST PLACE	
City-St-Zip:	MIAMI, FL 33138	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:		
Title:	VPD	( ) Change (X) Addition
Name:	ISRAEL, HENRY	
Address:	521 NE 164 STREET	
City-St-Zip:	NORTH MIAMI BEACH, FL 33162	

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: GABRIEL DEMOSTHENE PD 05/01/2007

Electronic Signature of Signing Officer or Director — Date