

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009939

FILED  
Jul 14, 2008  
Secretary of State

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: 20-0417151      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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: VPD ( ) Delete  
Name: ISRAEL, HENRY  
Address: 521 NE 164 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

## 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: D (X) Change ( ) Addition  
Name: PETIT-HOMME, CAMY PASTOR  
Address: 6438 N.E 1ST PLACE  
City-St-Zip: MIAMI, FL 33138

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: DEMOSTHENE GABRIEL

PD

07/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date