2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000539

FILED Apr 07, 2009 Secretary of State

Entity Name: LE TABERNACLE DE LA GRACE DE BROWARD, INC. **Current Principal Place of Business: New Principal Place of Business:** 733 NW 29 ST FT LAUDERDALE, FL 33311 **Current Mailing Address: New Mailing Address:** 733 NW 29 ST FT LAUDERDALE, FL 33311 FEI Number: 52-1197297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JULMISTE, BERNARD 733 NW 29 ST FT LAUDERDALE, FL 33311 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete JULMISTE, BERNARD JULMISTE, BERNARD Name: Name: 2720 S OAKLAND FOREST DR Address: 2720 S OAKLAND FOREST DR # 703 Address: City-St-Zip: OAKLAND PARK, FL 33309 City-St-Zip: OAKLAND PARK, FL 33309 Title: () Delete Title: () Change () Addition Name: JULMISTE, EDNER Name: Address: 733 NW 29TH ST Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: Title: () Delete Title: (X) Change () Addition VILMA, ALTIBOR Name: VILMA, ALTIDOR Name: 2140 NW 82ND WAY 2140 NW 82ND WAY Address: Address: City-St-Zip: SUNRISE, FL 33322 City-St-Zip: SUNRISE, FL 33322 () Delete Title: Title: () Change () Addition Name: VERMILIEN, VERNEIUS Name: Address: 1142 NW 15TH CR Address: City-St-Zip: FORT LAUDERDALE, FL 33311 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: BERNARD JULMISTE P 04/07/2009