2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
08 MAY -5 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000002850

1. Entity Name
TABERNACLE COMMUNITY EMPOWERMENT FOUNDATION, INC.

Principal Place of Business	Mailing Address
615 TUSKEGEE ST TALLAHASSEE, FL 32310 US	P O BOX 5982 TALLAHASSEE, FL 32314 US

05022008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 55-0869945 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALKER, STANLEY L SR 615 TUSKEGEE ST TALLAHASSEE, FL 32310	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by September 12, 2008

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	DP HARRIS, BEN P O BOX 5982 TALLAHASSEE, FL 32314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hughes, Mildred J. P O Box 5572 Tallahassee, FL 32314	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, STANLEY L SR P O BOX 5982 TALLAHASSEE, FL 32314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Acoff, Edward 1422 Nancy Drive Tallahassee, FL 32301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWELL, DIEDRA 602 CAMPBELL STREET TALLAHASSEE, FL 32310	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Anderson, Gloria P O Box 5412 Tallahassee, FL 32314	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HART, BETTY 3035 BARCLAY COURT TALLAHASSEE, FL 32309	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Baker, Sherri 2225 Potts Drive Tallahassee, FL 32308	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES, SHERRY 2629 BLAIRSTONE RD TALLAHASSEE, FL 32301	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Palmer, Deloria 3971 Magellan Trail Tallahassee, FL 32303	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000129223080 05/13/08--01034--007 **61.25	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ben Harris / BEN HARRIS 850-545-2533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KS