2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2009
Secretary of State

DOCUMENT# N04000002850

Entity Name: TABERNACLE COMMUNITY EMPOWERMENT FOUNDATION, INC.

Current Principal Place of Business:

615 TUSKEGEE ST
TALLAHASSEE, FL 32310 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 5982
TALLAHASSEE, FL 32314 US

New Mailing Address:

FEI Number: 55-0869945 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

WALKER, STANLEY L SR
615 TUSKEGEE ST
TALLAHASSEE, FL 32310 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: DP ( ) Delete
Name: HARRIS, BEN
Address: P O BOX 5982
City-St-Zip: TALLAHASSEE, FL 32314 US

Title: D ( ) Delete
Name: WALKER, STANLEY L SR
Address: P O BOX 5982
City-St-Zip: TALLAHASSEE, FL 32314 US

Title: D ( ) Delete
Name: HUGHES, MILDRED J
Address: P.O. BOX 5572
City-St-Zip: TALLAHASSEE, FL 32314 US

Title: D ( ) Delete
Name: ACOFF, EDWARD
Address: 1422 NANCY DRIVE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D ( ) Delete
Name: ANDERSON, GLORIA
Address: P.O. BOX 5412
City-St-Zip: TALLAHASSEE, FL 32314 US

Title: D ( ) Delete
Name: BAKER, SHERRI
Address: 2225 POTTS DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HILL, MARSHA
Address: P.O. BOX 5982
City-St-Zip: TALLAHASSEE, FL 32314 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LEON, HELEN
Address: P.O. BOX 5982
City-St-Zip: TALLAHASSEE, FL 32314 US

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: BEN HARRIS PD 09/15/2009

Electronic Signature of Signing Officer or Director — Date