
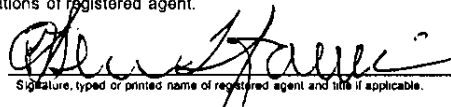



2016 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000002850 1. Entity Name TABERNACLE COMMUNITY EMPOWERMENT FOUNDATION, INC.						16 NOV -3 AM 10:16 SEAL OF THE STATE OF FLORIDA	
Principal Place of Business 615 TUSKEGEE ST TALLAHASSEE, FL 32310 US				Mailing Address P O BOX 775 TALLAHASSEE, FL 32302 US			
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	
6. Name and Address of Current Registered Agent WALKER, STANLEY L SR 615 TUSKEGEE ST TALLAHASSEE, FL 32310				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 11/3/16 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$236.25 After January 1, 2017, Fee will be \$297.50				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 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARRIS, BEN P O BOX 5982 TALLAHASSEE, FL 32314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, STANLEY L SR P O BOX 5982 TALLAHASSEE, FL 32314 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT KERNAN 630 W. BREVARD ST TALLAHASSEE, FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, MARSHA P.O. BOX 5982 TALLAHASSEE, FL 32314 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLORIA ANDERSON PO BOX 10264, TALLAHASSEE, FL 32302 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACOFF, EDWARD 1422 NANCY DRIVE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete			REINSTATEMENT - 2016 000291948420 11/03/16--01006--015 **236.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN-HARRIS, CYNTHIA PO BOX 10264 TALLAHASSEE, FL 32302 <input checked="" type="checkbox"/> Delete						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete						
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 11/03/16 <small>E-MAIL ADDRESS</small>			

M WILLIAMS