

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004359

FILED  
Feb 20, 2010  
Secretary of State

**Entity Name:** TABERNACLE GROUP TRUST SERVICES INC

**Current Principal Place of Business:**

8017 N.E. 2 AVENUE  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 380851  
MIAMI,, FL 33238

**New Mailing Address:**

**FEI Number:** 02-0721512

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEDD, KENNETH J  
1460 N.W. 196 TERRACE  
MIAMI, FL 33169 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: P  
Name: NEDD, KENNETH J  
Address: 1460 N.W. 196 TERRACE  
City-St-Zip: MIAMI, FL 33169

Title: S  
Name: THOMAS, RONALD  
Address: 14280 BLUE ROAD  
City-St-Zip: MIRAMAR, FL 33190

Title: T  
Name: JAIRAM, DAREN  
Address: 1825 N.W. 175 STREET  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D  
Name: CARRINGTON, SELWYN DR.  
Address: 20230 N.W. 4 AVENUE  
City-St-Zip: MIAMI, FL 33169

Title: D  
Name: MILLS, PHILIP  
Address: 20250 S.W. 182 AVENUE  
City-St-Zip: MIAMI, FL 33187

Title: D  
Name: JAMES, ROOSEVELT  
Address: 7137 N.W. 100 TERRACE  
City-St-Zip: TAMARAC, FL 33321

I hereby 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 all other like empowered.

SIGNATURE: DAREN JAIRAM

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02/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date