2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007069

Address:

City-St-Zip:

9411 SW 227 LN

MIAMI, FL 33190

FILED Jan 29, 2008 Secretary of State

Entity Nar	ne: THE WOI	RSHIP TABERNACLE, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
12350 SW 132ND CT SUITE # 106 MIAMI, FL 33186			10195 SW 186TH ST CUTLER BAY, FL 33157		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
12350 SW 132ND CT SUITE # 106 MIAMI, FL 33186			10195 SW 186TH ST CUTLER BAY, FL 33157		
FEI Number:	20-1386228	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
MARIN, IDANIA 12350 SW 132ND CT SUITE # 106 MIAMI, FL 33186 US			MARIN, IDANIA 10195 SW 186TH ST CUTLER BAY, FL 33157 US		
	named entity s of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				01/29/2008	
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () MACHIN, DORIS 22618 SW 94 F MIAMI, FL 3319	ATH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BRITO, TANIA 2237 PORTOFI HOMESTEAD, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MARIN, IDANIA 12254 SW 148 MIAMI, FL 331		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: IDANIA MARIN 01/29/2008 D