

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90147 034 ****70.00

DOCUMENT # N05000004323

1. Entity Name
THE TABERNACLE OF RECONCILIATION IN GOD, INC.



Principal Place of Business
**7194 NW 6TH COURT
MIAMI, FL 33150 US**

Mailing Address
**PO BOX 3812
MIAMI, FL 33269 US**

50020617



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05152006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
20-2799582

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**THERILUS, GENEUS I
19521 NW 12TH AVE
MIAMI, FL 33169**

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 6, 2006**

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 **P** ☐ Delete
NAME **THERILUS, GENEUS I**
STREET ADDRESS **19521 NW 12TH AVE**
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **THERILUS, CLAUDETTE**
STREET ADDRESS **19521 NW 12TH AVE**
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **PERICLES, HERMIONE**
STREET ADDRESS **512 NW 94TH STREET**
CITY-ST-ZIP **MIAMI, FL 33138**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06-03-06 770-1402



ATTACHMENT
50020617
Division of Corporations

Annual Report

[Annual Report Help](#)

Document Number

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Business Entity Name

THE TABERNACLE OF RECONCILIATION IN GOD, INC.

FEI Number

202799582

FEI Number Status

☒ Listed Above ☒ Applied For ☐ Not Applicable

Certificate of Status Desired

☒ Yes ☐ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

7194 NW 6TH COURT

Suite, Apt. #, etc.

City, State

MIAMI

, FL

Zip Code & Country

33150

US

Mailing Address

Address

PO BOX 3812

Suite, Apt. #, etc.

City, State

MIAMI

, FL

Zip Code & Country

33269

US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

THERILUS

, GENEUS

, J

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

19521 NW 12TH AVE

Suite, Apt. #, etc.

City, State

MIAMI

, FL

Zip Code & Country

33169

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT

50050617
#105000004323

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature*Geneus Therilus*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	P
Name (Last, First, Middle, Title)	THERILUS, GENEUS, ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	19521 NW 12TH AVE
City, State	MIAMI, FL
Zip Code & Country	33169 US
Title	S
Name (Last, First, Middle, Title)	THERILUS, CLAUDETTE, ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	19521 NW 12TH AVE
City, State	MIAMI, FL
Zip Code & Country	33169 US
Title	T
Name (Last, First, Middle, Title)	PERICLES, HERMIONE, ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	512 NW 94TH STREET
City, State	MIAMI, FL
Zip Code & Country	33138 US
Title	