

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90029 029 ****61.25

DOCUMENT # N05000006315			
1. Entity Name TABERNAACLE OF PRAISE CHURCH INC			
Principal Place of Business 5000 DANNY BOY CIRCLE ORLANDO, FL 32808		Mailing Address PO BOX 608353 ORLANDO, FL 32860	
2. Principal Place of Business - No P.O. Box # 3304 S. Semoran Blvd.		3. Mailing Address PO BOX 560477	
Suite, Apt. #, etc. Apt. 11		Suite, Apt. #, etc. PO BOX 560477	
City & State Orlando, FL 32822		City & State Orlando, FL	
Zip 32822		Zip 32856	
Country USA		Country USA	
4. FEI Number 56-2520727		Applied For ☐ Not Applicable	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WYNN, WILLIAM K 5000 DANNY BOY CIRCLE ORLANDO, FL 32808		7. Name and Address of New Registered Agent Name: WILLIAM K. Wynn Street Address (P.O. Box Number is Not Acceptable): 3304 S. Semoran Blvd. Apt 11 City: Orlando FL Zip Code: 32822	
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: <i>William K. Wynn</i> DATE: 4/25/07 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME WYNN, WILLIAM STREET ADDRESS 5000 DANNY BOY CIRCLE CITY-ST-ZIP ORLANDO, FL 32808	☐ Delete	TITLE P NAME WILLIAM Wynn STREET ADDRESS 3304 S. Semoran Blvd Apt 11 CITY-ST-ZIP Orlando, FL 32822	☒ Change ☐ Addition
TITLE S NAME WYNN, DEZZARE STREET ADDRESS 5000 DANNY BOY CIRCLE CITY-ST-ZIP ORLANDO, FL 32808	☐ Delete	TITLE Secretary NAME 3304 S. Semoran Blvd. Apt 11 STREET ADDRESS Orlando, FL 32822	☒ Change ☐ Addition
TITLE M NAME BUCKLY, BETTY Buckley STREET ADDRESS PO BOX 680767 CITY-ST-ZIP ORLANDO, FL 32868	☐ Delete	TITLE Evang NAME Betty, Buckley STREET ADDRESS PO. Box 680767 CITY-ST-ZIP Orlando, FL 32868	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <i>William K. Wynn</i>		PASTOR 4/25/07 407-552-1903	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			