

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90253 034 ****61.25

DOCUMENT # N05000006315					
1. Entity Name TABERNAACLE OF PRAISE CHURCH INC					
Principal Place of Business 3304 S. SEMORAN BLVD. APT 11 ORLANDO, FL 32822			Mailing Address PO BOX 560477 ORLANDO, FL 32856		
2. Principal Place of Business - No P.O. Box # 3006 S. SEMORAN BLVD		3. Mailing Address Suite, Apt. #, etc. SAME AS #2			
Suite, Apt. #, etc. #1		Suite, Apt. #, etc. SAME AS #2			
City & State Orlando, FL		City & State		4. FEI Number 56-2520727	
Zip 32822		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WYNN, WILLIAM K 3304 S. SEMORAN BLVD APT 11 ORLANDO, FL 32822			7. Name and Address of New Registered Agent Name Wynn, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 3006 S. Semoran Blvd 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 WILLIAM K. Wynn		[Signature] April 30, 2008			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$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 3304 S. SEMORAN BLVD APT 11 CITY-ST-ZIP ORLANDO, FL 32822	<input type="checkbox"/> Delete NEW ADDRESS		TITLE P NAME Wynn, WILLIAM STREET ADDRESS 3006 S. Semoran Blvd #1 CITY-ST-ZIP Orlando, FL 32822	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME WYNN, DEZZARE STREET ADDRESS 3304 S. SEMORAN BLVD APT 11 CITY-ST-ZIP ORLANDO, FL 32822	<input type="checkbox"/> Delete NEW ADDRESS		TITLE S NAME Wynn, DEZZARE STREET ADDRESS 3006 S. Semoran Blvd #1 CITY-ST-ZIP Orlando, FL 32822	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE EVGL NAME BUCKLEY, BETTY STREET ADDRESS PO BOX 680767 CITY-ST-ZIP ORLANDO, FL 32868	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] Pastor			4/30/08 407-914-7650		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		