


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-23-2007 90024 001 ****61.25
 04-11-2007 90038 015 *****8.75

| | | | |
|--|--|---|---|
| DOCUMENT # N06000005494 1. Entity Name THE KINGDOM TABERNACLE MISSION, INC. | |  | |
| Principal Place of Business 14672 HIDEAWAY LAKE LN DELRAY BCH FL 33484 | | Mailing Address 14672 HIDEAWAY LAKE LN DELRAY BCH FL 33484 | |
| 2. Principal Place of Business - No P.O. Box # <i>The Same as above</i> | | 3. Mailing Address <i>The Same as above</i> | |
| Suite, Apt. #, etc. _____ | | Suite, Apt. #, etc. _____ | |
| City & State _____ | | City & State _____ | |
| Zip _____ | Country _____ | Zip _____ | Country _____ |
| 6. Name and Address of Current Registered Agent JACOBS, JEAN 14672 HIDEAWAY LAKE LN DELRAY BCH FL 33484 | | 4. FEI Number 20-4978565 Applied For <input type="checkbox"/> Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of New Registered Agent Name <i>The Same</i> | | 1st MOORE CR2E037 (10/06) | |
| | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <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 NAME STREET ADDRESS CITY - ST - ZIP | D JACOBS, JEAN 14672 HIDEAWAY LAKE LN DELRAY BCH FL 33484 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D JACOBS, ARNOLD 14672 HIDEAWAY LAKE LN DELRAY BCH FL 33484 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ROSADO, ISRAEL 2408 OVERTURE CIR BOCA RATON FL 33428 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Jean Jacobs</i> | | 3-14-07 561) 703-9943 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | |