
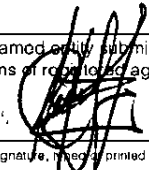
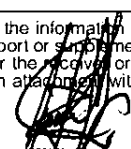


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90016 044 ****61.25

DOCUMENT # N06000005626 1. Entity Name TABERNALE OF JESUS CHRIST BY FAITH, INC.					
Principal Place of Business 8427 NW 7 AVENUE MIAMI FL 33127			Mailing Address 8427 NW 7 AVENUE MIAMI FL 33127		
2. Principal Place of Business - No P.O. Box # 10609 NW 7 Ave Suite, Apt. #, etc.		3. Mailing Address ← Same Suite, Apt. #, etc.			
City & State MIAMI FLA		City & State _____		4. FEI Number 56-2602145	
Zip 33150		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DENIS, THAMAS JEAN 8427 NW 7 AVENUE MIAMI FL 33127				7. Name and Address of New Registered Agent Name Denis, Thamas Jean Street Address (P.O. Box Number is Not Acceptable) 10609 NW 7th Avenue City Miami FL Zip Code 33150	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	DP DENIS, THAMAS JEAN 8427 NW 7 AVENUE MIAMI FL 33127	<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	DVP GUERRIER, INECILE 8427 NW 7 AVENUE MIAMI FL 33127	<input checked="" 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	DS JEAN LOUIS, MARIE ROSE 8427 NW 7 AVENUE MIAMI FL 33127	<input checked="" 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	DT SAINT-VAL, PACLINE 8427 NW 7 AVENUE MIAMI FL 33127	<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	Ginette Denis	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Ginette Denis DS 160 NW 112 Street Miami, FL 33168 <input type="checkbox"/> Change <input checked="" 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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 149, 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 2/26/07 Daytime Phone # 305-321-5981					