

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009475

FILED
Mar 03, 2007
Secretary of State

Entity Name: TABERNACLE OF HOPE INC.

Current Principal Place of Business:

4510 MAPLETREE LOOP
WESLEY CHAPEL, FL 33543 US

New Principal Place of Business:

303 N. OREGON AVE
TAMPA, FL 33606 US

Current Mailing Address:

4510 MAPLETREE LOOP
WESLEY CHAPEL, FL 33543 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, KENNETH T
4510 MAPLETREE LOOP
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: STEWART, KENNETH T
Address: 4510 MAPLETREE LOOP
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: TREA () Delete
Name: STEWART, ALTHEA J
Address: 4510 MAPLETREE LOOP
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: SEC () Delete
Name: GORDON, DOREEN
Address: 2121 S. 78TH STREET
City-St-Zip: CLAIR-MEL CITY, FL 33619 US

Title: MEM () Delete
Name: GORDON, NORRIS A
Address: 2121 S. 78TH STREET
City-St-Zip: CLAIR-MEL CITY, FL 33619 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALTHEA STEWART

TREA

03/03/2007

Electronic Signature of Signing Officer or Director

Date