

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007890

FILED
Mar 27, 2009
Secretary of State

Entity Name: TABERNACLE OF HOPE MINISTRY, INC.

Current Principal Place of Business:

7912 RED BEAN DRIVE
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

7912 RED BEAN DRIVE
PENSACOLA, FL 32526

New Mailing Address:

P.O. BOX 17455
PENSACOLA, FL 32522

FEI Number: 26-1111430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ODOM & BARLOW, P.A.
635 WEST GARDEN STREET
PENSACOLA, FL 32502 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: SAXTON, SCOTT K
Address: 7912 RED BEAN DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: SEC. () Delete
Name: SAXTON, LORRAINE
Address: 7912 RED BEAN DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: TRES () Delete
Name: SIEGLER, WAYNE
Address: STAFF DRAWER, 250 BRENT LANE
City-St-Zip: PENSACOLA, FL 325032267

Title: D () Delete
Name: WALES, JOHN
Address: 821 HANAU AVE N.W.
City-St-Zip: PALM BAY,, FL 32907

Title: D () Delete
Name: DISTLER, TOM
Address: 1665 SHELTER ST. N.W.
City-St-Zip: PALM BAY,, FL 32907

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: D (X) Change () Addition
Name: SIEGLER, LEON
Address: 10741 TARA DAWN
City-St-Zip: PENSACOLA, FL 32534

Title: D (X) Change () Addition
Name: BILODEAU, JERRY
Address: 2125 LIBERTY LOOP RD.
City-St-Zip: CANTONMENT, FL 32533

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT SAXTON

PRES

03/27/2009

Electronic Signature of Signing Officer or Director

Date