

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

9/11/2008-90001-016-\$70.00-\$70.00

DOCUMENT # N07000010029

1. Entity Name

TABERNACLE REFUGE RELIEF MNISTRY
INTERNATIONAL, CORP.



08 OCT 15 AM 11:02

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4020 PIER SAT STATION ROAD WEST
GREEN COVE SPRINGS FL 32043

Mailing Address

4020 PIER SAT STATION ROAD WEST
GREEN COVE SPRINGS FL 32043

2. Principal Place of Business - No P.O. Box #

4020 Pier Station
Suite, Apt. #, etc.
Road West

3. Mailing Address

4020 Pier Station Road
Suite, Apt. #, etc.
West

2nd MOORE

CR2E037 (4/08)

City & State

Green Cove Springs Fla

City & State

Green Cove Springs Fla

4. FEI Number

77-0702453

Applied For

Not Applicable

Zip

32043

Country

CLAY

Zip

32043

Country

CLAY

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, JR, REV. DR ABRON
2561 MARSHALL LANE
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: New stated Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 3, 2008

9. Election Campaign Financing
Trust Fund Contribution.

☒

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE FOUN ☐ Delete
NAME MARSHALL, JR, REV. DR. ABRON
STREET ADDRESS 4020 PIER SAT STATION ROAD WEST
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE P ☐ Delete
NAME BURNEY, REV. DANIEL
STREET ADDRESS 4020 PIER SAT STATION ROAD WEST
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE V ☐ Delete
NAME DANIEL, LONNIE
STREET ADDRESS 4020 PIER SAT STATION ROAD WEST
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Rev. Dr. Rhonda Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-08 (904) 529-9250
Date Daytime Phone #

10/15/08