

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010575

FILED
Feb 19, 2009
Secretary of State

Entity Name: TABERNACLE OF PRAISE AND WORSHIP HELPING HANDS MINISTRIES, INTERNATIONAL TOPAW:
ANGLES ON A MISSION, INC.

Current Principal Place of Business:

10785 MADISON DRIVE
BOYNTON BEACH, FL 33437

New Principal Place of Business:

600 SW 3 ST
2290
POMPANO BEACH, FL 33060

Current Mailing Address:

POST OFFICE BOX 1065
BOCA RATON, FL 33429

New Mailing Address:

FEI Number: 26-1419962 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GUASTELLA, CONJAILA
10785 MADISON DRIVE
BOYNTON BEACH, FL 33437 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: P () Delete
Name: GUASTELLA, CONJAILA
Address: POST OFFICE BOX 1065
City-St-Zip: BOCA RATON, FL 33429

Title: S () Delete
Name: FORBES, CHRISTINE
Address: 2201 BAHAMA DRIVE
City-St-Zip: MIRAMAR, FL 33414

Title: T () Delete
Name: WILLIAMS, GRACE A
Address: 21 WESTMINISTER STREET
City-St-Zip: HARTFORD, CT 06112

Title: V () Delete
Name: PALMER, GEORGIA
Address: 2028 SHOMA DRIVE
City-St-Zip: ROYAL PALM, FL 33414

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 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: CONJAILA GUASTELLA

PRES

02/19/2009

Electronic Signature of Signing Officer or Director

Date