2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010742

FILED Feb 22, 2009 Secretary of State

Entity Name: TABERNACLE OF JESUS-CHRIST MINISTRY, INC.

Current Principal Place of Business: New Principal Place of Business:

298 SAGECREST DR.7420 HERRICKS LOOPOCOEE, FL 34761ORLANO, FL 32835

Current Mailing Address: New Mailing Address:

 298 SAGECREST DR.
 7420 HERRICKS LOOP

 OCOEE, FL 34761
 ORLANO, FL 32835

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRACIA, JOHNNY
5515 BAJA TERRACE
GREENACRES, FL 33463 US
GRACIA, JOHNNY
7420 HERRICKS LOOP
ORLANDO, FL 32835 US

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: JOHNNY GRACIA 02/22/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PD (X) Change () AdditionName:GRACIA, JOHNNYName:GRACIA, JOHNNYAddress:5515 BAJA TERRACEAddress:7420 HERRICKS LOOP

Address: 5515 BAJA TERRACE Address: 7420 HERRICKS LOO
City-St-Zip: GREENACRES, FL 33463 U City-St-Zip: ORLANDO, FL 32835

Title: VD () Delete Title: (X) Change () Addition Name: GRACIA, MARIANNE C Name: GRACIA, MARIANNE C Address: 5515 BAJA TERRACE Address: 7420 HERRRICKS LOOPS City-St-Zip: GREENACRES, FL 33463 City-St-Zip: ORLANDO, FL 32835

Title: SD () Change (X) Addition

 Name:
 Name:
 CADET, ANDIELA G

 Address:
 Address:
 7420 HERRICKS LOOP

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32835

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: JOHNNY GRACIA P 02/22/2009