

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011295

FILED  
Feb 27, 2008  
Secretary of State

Entity Name: TABERNACLE CHURCH OF GOD, INC.

**Current Principal Place of Business:**

8013 US HIGHWAY ONE  
PORT SAINT LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

8013 US HIGHWAY ONE  
PORT SAINT LUCIE, FL 34952

**New Mailing Address:**

FEI Number: 83-0501265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ALLEN, BASIL  
380 CROSSPOINT DRIVE  
PORT SAINT LUCIE, FL 34893 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: D ( ) Delete  
Name: ALLEN, BASIL  
Address: 380 CROSSPOINT DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34893

Title: D ( ) Delete  
Name: MARTIN, BEVERLEY M  
Address: 125 NW PLEASANT GROVE WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D ( ) Delete  
Name: WALKER, WILLIE  
Address: 7909 TERRACE ROAD  
City-St-Zip: LANTANA, FL 334626147

Title: D (X) Delete  
Name: SMITH, KIM  
Address: 141 NW CARMELITE STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D ( ) Delete  
Name: WILLIAMS, SHIRLEY  
Address: 2166 SW NEW PORT ISLES  
City-St-Zip: PORT SAINT LUCIE, FL 34953

**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:

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: BEVERLEY M. MARTIN

DA

02/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date