2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2009
Secretary of State

DOCUMENT# N07000011321

Entity Name: THE TABERNACLE OF DAVID WORSHIP CENTER, INC.

Current Principal Place of Business:

6219 LENCZYK DRIVE
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

6219 LENCZYK DRIVE
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 65-1316088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GICHIRI, DAVID K
6219 LENCZYK DRIVE
JACKSONVILLE, FL 32277 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: C ( ) Delete
Name: GICHIRI, DAVID K
Address: 6219 LENCZYK DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: V ( ) Delete
Name: MWANGI, MOSES N
Address: 6219 LENCZYK DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: S ( ) Delete
Name: BROWN, R. EARL DR
Address: 3516 MILNER DRIVE SOUTH
City-St-Zip: LAKELAND, FL 33810

Title: T ( ) Delete
Name: KINGORI, SIMON M
Address: 14585 FALLING WATERS DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: D ( ) Delete
Name: KIPEEN, JOHN
Address: 12439 BLACKSMITH APT 102
City-St-Zip: ORLANDO, FL 32837

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: DAVIDKGICHIRI C 05/20/2009

Electronic Signature of Signing Officer or Director — Date