

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011321

FILED
Mar 15, 2011
Secretary of State

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 ()

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

Title: V
Name: BONANGIRA, PATRICK
Address: 6219 LENCZYK DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DAVIDGICHIRI

C

03/15/2011

Electronic Signature of Signing Officer or Director

Date