

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000808

FILED  
Jun 30, 2009  
Secretary of State

**Entity Name:** TABERNACULO DE VIDA ORLANDO CHURCH INC.

**Current Principal Place of Business:**

1924 N GOLDENROD RD  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

2100 W CHURCH ST  
ORLANDO, FL 32805

**New Mailing Address:**

**FEI Number:** 47-0863549      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

JACOME, VINICIO  
2100 W CHURCH ST  
ORLANDO, FL 32805      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: JACOME, VINICIO  
Address: 6005 BROOKHILL CT  
City-St-Zip: ORLANDO, FL 32810

Title: V      ( ) Delete  
Name: JACOME, RAMONITA  
Address: 6005 BROOKHILL CT  
City-St-Zip: ORLANDO, FL 32810

Title: S      ( ) Delete  
Name: SALAZAR, AURORA C  
Address: 6033 VILLAGE CIRCLE N  
City-St-Zip: ORLANDO, FL 32822

**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:

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: VINICIO JACOME

PRES

06/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date