

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N18054

1. Entity Name
TABERNACLE OF GOD IN CHRIST, INC.



Principal Place of Business
**% JEAN S. JOSE
45 NE 68TH ST POB 381321
MIAMI, FL 33138**

Mailing Address
**% JEAN S. JOSE
45 NE 68TH ST POB 381321
MIAMI, FL 33138**

DO NOT WRITE IN THIS SPACE



08282006 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0007503

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOSE, JEAN S
3825 N.W. 2ND AVE.
MIAMI, FL 33127**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSE, JEAN S 45 N.E. 68TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLAISE, ESPRADU 12420 NE 2 AVE. MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOUIS, GIROL J 175 W 28TH STREET RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DELUS, DIEULIFAITE 1147 NE 112 ST MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARTHOLD, JANSIE 101 NE 64 ST MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEAN-LOUIS, GIROL 175 W 28TH STREET RIVIERA BEACH, FL 33404

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09/11/06-80001-008 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Jean S Jose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-06

Date

786-290-2327

Daytime Phone #