

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22731

FILED
Jun 03, 2009
Secretary of State

Entity Name: TABERNACLE DE L'EVANGILE EN ACTION INC.

Current Principal Place of Business:

2101 NW 21 AVE.
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

42 NE 25 STREET
WILTON MANORS, FL 33305

New Mailing Address:

FEI Number: 65-0038441 **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:

Name and Address of New Registered Agent:

SALMICE, ALCIME
42 NE 25TH ST
WILTON MANORS, FL 33305 US

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: PD () Delete
Name: ALCIME, SALMICE
Address: 42 NE 25TH ST
City-St-Zip: WILTON MANORS, FL 33305

Title: VD () Delete
Name: ALCIME SOILISE
Address: 42 NE 25 ST
City-St-Zip: WILTON MANORS, FL 33305

Title: SD () Delete
Name: LOUIGENE WILSON
Address: 2921 SW 5CT
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: TD () Delete
Name: RENE ANDRE
Address: 9220 NW 21 MANOR
City-St-Zip: SUNRISE, FL 33322

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:

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: SALMICE ALCIME

PD

06/03/2009

Electronic Signature of Signing Officer or Director

Date