


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N24111
 1. Entity Name
 TABERNACLE OF PRAYER MISSION, INC.



Principal Place of Business C/O ELDER DOVER WYNN, JR. 1753 SUN RIDGE DR. APOPKA, FL 32703	Mailing Address C/O ELDER DOVER WYNN, JR. 1753 SUN RIDGE DR. APOPKA, FL 32703
--	--



03072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2855310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WYNN, DOVER JR.
 1753 SUN RIDGE DR.
 APOPKA, FL 32703

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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	D WYNN, DOVER JR. 1753 SUN RIDGE DR. APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYNN, LOVIE 1753 SUN RIDGE DR. APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYNN, ANGELA 242 WEST 8TH STREET APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000292143
 04/07/05-80058-016 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dover Wynn Jr* Date: *4-3-05* Daytime Phone #: *(407) 886-7201*