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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26937**

1. Corporation Name
MISHKAN T'HILLAH (TABERNACLE OF PRAISE) WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
2820 N.W. 167TH TERRACE MIAMI FL 33056 US	2820 N.W. 167TH TERR. MIAMI FL 33055 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/14/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0102818 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARBIN, WILBUR T., SR. 3316 ONYX ROAD MIRAMAR FL 33025	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARBIN, WILBUR T., SR.		1.2 NAME		
STREET ADDRESS	3316 ONYX ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, YVONNE		2.2 NAME		
STREET ADDRESS	2735 RIVER RUN CIRCLE EAST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33025		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SILVERA, MADGE		3.2 NAME		
STREET ADDRESS	3317 GARNET RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	TR	☒ Change ☐ Addition
NAME	FARMER, EDRICKA		4.2 NAME	FARMER, EDRICKA	
STREET ADDRESS	3301 NW 182ND STREET		4.3 STREET ADDRESS	3301 NW 182nd ST	
CITY-ST-ZIP	MIAMI FL 33055		4.4 CITY-ST-ZIP	MIAMI, FL 33055	
TITLE	D	☐ DELETE	5.1 TITLE	TR	☒ Change ☐ Addition
NAME	MOODY, BRIGETTE		5.2 NAME	MOODY, Brigette	
STREET ADDRESS	20014 NW 12 PL		5.3 STREET ADDRESS	20014 NW 12 PL	
CITY-ST-ZIP	MIAMI FL 33169		5.4 CITY-ST-ZIP	MIAMI, FL 33169	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wilbur T. Harbin SIGNATURE REQUIRED 1/4/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #