2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N26937

1. Entity Name

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



FILED Jul 08, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2820 N.W. 167TH TERRACE MIAMI, FL 33056 US 2820 N.W. 167TH TERR. MIAMI, FL 33055 US



DO NOT WRITE IN THIS SPACE

 07022004
 No Chg-NP
 CR2E037 (10/03)

 4. FEI Number
 Applied For Not Applicable

 65-0102818
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

HARBIN, WILBUR T., SR. 3316 ONYX ROAD MIRAMAR, FL 33025

DO NOT WRITE IN THIS SPACE

			77.2	
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered office or	registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE.			<u> </u>	<u> </u>
	Signature, typed or printed name of registered agent and life t	applicable (NOTE, Registered Agent signati	re required when reinstating)	DATE
D	Filing Feo is \$61.25 ue by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	- 	- · - ·
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD HARBIN, WILBUR T., SR. 3316 ONYX ROAD MIRAMAR, FL		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BROWN, YVONNE 2735 RIVER RUN CIRCLE EAST MIRAMAR, FL 33025			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WESLEY, WILLIAM 4111 NW 191 STREET MIAMI, FL 33055			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILKINSON, LISA D 20420 NW 32ND AVENUE MIAMI, FL 33055			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
NAME STREET ADDRESS CITY-ST-ZIP				

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 attachanget with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-04 (954) 431-0797