						_	
FIL	E	NOW:	FIL	ING	FEE IS	\$61	.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF COPPORATIONS

DOCUMENT #

(7)

Mailing Address

TABERNACULO DE SALVACION, INC.

FILED
Feb 04 1998 8:00am
Secretary of State

|--|

14672 S MILITA	RY TRAIL	9598 SUNPOINTE DRIVE			3. Date Incorporated or Qualified		
BOX 7384	Fr	BOYNTON BEACH FL 334	37		02/22/1991		
DELRAY BEACH	FL 33484				4. FEI Number	Applied For	
O Delegate at Di	and of Division in	6- 14-9			65-0249934	Not Applicab	
<b>├</b> ─ '	ace of Business	2a. Mailing Address			5. Certificate of Status Desired	\$8.75 Additional	
21		26				Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be	
22		27			Trust Fund Contribution	Added to Fees	
City & State		City & State	·····		7. Is this nonprofit corporation a homeowners	accodation?	
23		28				No No	
	Country	Zip	Countr				
Zip	Country	<b>⊢</b>	<u> </u>	1	8. This corporation owes or has paid the curre		
24	25	29	30			Yes 🔲 No	
	9. Name and Address of Curren	t Registered Agent			<ol><li>Name and Address of New Registered A</li></ol>	gent	
			81	Name			
DOCALE	e lance						
	S, JORGE		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	2ND ST		-				
BOCA R	ATON FL 33428		83				
			-	0	·	[a=1 7: 0 at	
			84	City	FL	85 Zip Code	
11 Pureuset t	a the provisions of Sections 617 050	AFAR17 1509 Florida Statut	tas the abov	e named o		hanaina ita raaiatara	
office or re	egistered agent, or both, in the State	of Elorida. Such chance was	authorized b	v the corpo	orporation submits this statement for the purpose of cration's board of directors. I hereby accept the appo	intment as registered	
agent. I ar	n familiar with, and accept the obliga	ons of, Section 617.0503, El	oricia Statute	s. "Z	<i>y</i>	1 ~	
SIGNATURE	- The H /		1264 -		05Ales 1/27	45 8	
SIGNATURE	Signature, typed or printed name of registered ager				equired when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12	
TITLE	DP	DELETE	1.1 TITLE			Change Addition	
NAME					-		
1	ROSALES, JORGE		1.2 NAME				
STREET ADDRESS	9265 SW 2ND STREET		1.3 STREE	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33428		1.4 CITY-5	ST-ZIP			
TITLE	DS	DELETE	2.1 TITLE			Change Additio	
NAME	BARAHONA, MANUEL		2.2 NAME	1			
1 1							
STREET ADDRESS	9630 SUNPOINTE DRIVE			ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33437		2. 4 CITY-	ST-ZIP			
TITLE	V	DELETE	3.1 TITLE	}	L	Change       L Additio	
NAME	BENITEZ, JOSE MAURICIO		3.2 NAME				
STREET ADORESS	9598 SUNPOINTE DRIVE		3.3 STREET	ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL	The section	3.4. CITY-	\$1-4P	· · · · · · · · · · · · · · · · · · ·	Ohana I hami	
TOTLE	DT	DELETE	4.1 TITLE	1	L	☐ Change ☐ Additio	
NAME	Benitez, ana esperanza		4. 2 NAME	1			
STREET ADDRESS	6041 STRAWBERRY FIELD		4.3 STREET	ADDRESS	The state of the s	entra - · · ·	
CITY-ST-ZIP	LAKE WORTH FL	=	4.4 CITY-S	T-719			
TITLE	D D	DELETE	5.1 TITLE			Change	
	<del></del>	المالية		-	L		
NAME	CROSSWELL, CASILDA	_	5.2 NAME	ŀ			
STREET ADDRESS	2927 WINDSWEPT DRIVE, APT	. 202	5.3 STREET	ADDRESS			
CITY-ST-ZIP	LANTANA FL 33462		5.4 CITY - 9	T-ZIP			
TITLE		DELETE	6.1 TITLE		1	Change	
1					-		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S				
14. I hereby c	ertify that the information supplied with	h this filing does not qualify for	or the exemp	tion stated	in Section 119.07(3)(i), Florida Statutes. I further certi	ify that the information	
Indicated of	on this annual report or supplemental	annual report is true and acc	curate and the	at my signa report as 79	ature shall have the same legal effect as if made under	er oath; that I am an	

Block 12 or Block 13 if changed, or on an attachment with an address