

**FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90030 007 ****61.25

DOCUMENT # N51029	
1. Entity Name	
Tabernacle of Faith Ministries, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 250 NW 31st Avenue Suite, Apt. #, etc.		3. Mailing Address P.O. Box 120130 Suite, Apt. #, etc.	
City & State Pompano Beach, Florida		City & State Fort Lauderdale, Florida	
Zip 33060	Country USA	Zip 33312	Country USA

4. FEI Number 65-0354463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

40005494

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name Charlie E. Williams, Jr.	
		Street Address (P.O. Box Number is Not Acceptable) 3541 NW 9th Court	
		City Fort Lauderdale	FL

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 Charlie E. Williams, Jr. **DATE** 1/18/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Director Charlie E. Williams, Jr. 3541 NW 9th Court Fort Lauderdale, Florida 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exe. Vice President/Director Janie Williams 3541 NW 9th Court Fort Lauderdale, Florida 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corporate Treasurer/Director Randall C. Jones 2901 SW 5th Street Fort Lauderdale, Florida 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corporate Secretary/Director Kesha Williams 3541 NW 9th Court Fort Lauderdale, Florida 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Advisor/Ex-Officio Member Clifton H. Rodriguez, CPA 3146 NW 68 Street Fort Lauderdale, Florida 33309-1206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE Charlie E. Williams, Jr. **DATE** 1/18/2005 **(954)587-1074**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N51029

1. Entity Name
TABERNACLE OF FAITH MINISTRIES, INC.



Principal Place of Business
3541 NW 9TH CT.
FT. LAUDERDALE, FL 33311

Mailing Address
P.O. BOX 120130
FORT LAUDERDALE, FL 33312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0354463

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, CHARLIE
3541 NW 9TH CT.
FT. LAUDERDALE, FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME WILLIAMS, CHARLIE
STREET ADDRESS 3541 NW 9TH CT.
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME WILLIAMS, JANIE
STREET ADDRESS 3541 NW 9TH CT.
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME RANDALL, JONES C
STREET ADDRESS 2901 SW 5TH ST.
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WILLIAMS, KESHA
STREET ADDRESS 3541 NW 9TH CT
CITY-ST-ZIP FORT LAUDERDALE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RODRIQUEZ, FRON H
STREET ADDRESS 3146 NW 68 STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 attachment with an address, with all other like empowered.

SIGNATURE:

JANIE Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-2005 954 587-1074