2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Feb 15, 2006 8:00 am **Secretary of State DOCUMENT # N51029** 02-15-2006 90041 006 ****61.25 TABÉRNACLE OF FAITH MINISTRIES, INC. Principal Place of Business Mailing Address 250NW 31ST AVENUE P.O. BOX 120130 POMPANO BEACH, FL 33060 FORT LAUDERDALE, FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012006 Chg-NP CR2E037 (11/05) City & State City & State Applied For 4. FEI Number 65-0354463 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, CHARLIE E JR 3541 NW 9TH CT. Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE, FL City Zip Code FI 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 . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be - Trust Fund Contribution. Due by May 1, 2006 Added to Fees Florida Department of State · OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PΩ TITLE ☐ Delete FITLE Addition ☐ Chance WILLIAMS, CHARLIE NAME NAME STREET ADDRESS 3541 NW 9TH CT. STREET ADDRESS FT. LAUDERDALE, FL CITY-ST-ZIP CITY-ST-ZIP VSD TITLE ☐ Delete TITLE ☐ Change Addition WILLIAMS, JANIE NAME NAME STREET ADDRESS 3541 NW 9TH CT. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL CITY-ST-ZIP TITLE ☐ Delete TITLE TD Change ☐ Addition RANDALL, JONES C NAME NAME Carolun Jones STREET ADDRESS 2901 SW 5TH ST. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME WILLIAMS, KESHA NAME 6670 N.W 70th AVE STREET ADDRESS 3541 NW 9TH CT STREET ADDRESS FORT LAUDERDALE, FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ZI Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 of 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.

NAME

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9541 N.W 527d St

SIGNATURE:

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TITLE

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STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

RODRIQUEZ, FRON H

FORT LAUDERDALE, FL 33309

3146 NW 68 STREET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Change .

Addition