

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

04-19-2007 90409 006 ****61.25

| | | | |
|--|---|--|--|
| DOCUMENT # N51029 1. Entity Name TABERNACLE OF FAITH MINISTRIES, INC. | | | |
| Principal Place of Business 250NW 31ST AVENUE POMPAHO BEACH, FL 33060 | | Mailing Address P.O. BOX 120130 FORT LAUDERDALE, FL 33312 | |
| 2. Principal Place of Business - No P.O. Box # 2821 N.W. 13th St | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State Pompano Beach, FL. | | City & State | |
| Zip 33069 | | Country Breward | |
| 4. FEI Number 65-0354463 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WILLIAMS, CHARLIE E JR 3541 NW 9TH CT. FT. LAUDERDALE, FL | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reappointing)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | |
| \$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 NAME STREET ADDRESS CITY-ST-ZIP | PD WILLIAMS, CHARLIE 3541 NW 9TH CT. FT. LAUDERDALE, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD WILLIAMS, JANIE 3541 NW 9TH CT. FT. LAUDERDALE, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD JONES, CAROLYN 7733 TRENT DR 202F TAMARAC, FL 33321 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, KESHA 6670 NW 70TH AVE TAMARAC, FL 33321 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOLDEN, LORI 9541 NW 52ND ST SUNRISE, FL 33351 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, CHARLIE E 716 NW 19TH ST FORT LAUDERDALE, FL 33311 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7815 N.W. 89th Ct Okeechobee, FL. 34972 |
| 12. 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 as required by Chapter 817, 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: <i>Janie Williams</i> JANIE Williams | | 5/5/2007 954 587-1074 | |