

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90027 047 ****61.25

DOCUMENT # N51029

1. Entity Name

TABERNACLE OF FAITH MINISTRIES, INC.



Principal Place of Business

2821 NW 136TH ST.
POMPANO BEACH FL 33069

Mailing Address

P.O. BOX 120130
FORT LAUDERDALE FL 33312



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0354463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

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

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

TITLE TD ☐ Delete
NAME JONES, CAROLYN
STREET ADDRESS 7733 TRENT DR 202F
CITY-ST-ZIP TAMARAC FL 33321

TITLE D ☐ Delete
NAME WILLIAMS, KESHA
STREET ADDRESS 6670 NW 70TH AVE
CITY-ST-ZIP TAMARAC FL 33321

TITLE D ☐ Delete
NAME GOLDEN, LORI
STREET ADDRESS 9541 NW 52ND ST
CITY-ST-ZIP SUNRISE FL 33351

TITLE D ☐ Delete
NAME WILLIAMS, CHARLIE E
STREET ADDRESS 7815 NW 89TH CT.
CITY-ST-ZIP OKEECHOBEE FL 34972

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 120130
CITY-ST-ZIP FT. Land, FL. 33312

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 120130
CITY-ST-ZIP FT. Land, FL. 33312

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 310 Megan Way
CITY-ST-ZIP Hampton, GA. 30228

TITLE ☐ Change ☐ Addition
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 exemptions contained in Section 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 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 Janie Williams*

3/10/2008 954 587-1074