2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N51029

Entity Name: TABERNACLE OF FAITH MINISTRIES, INC.

Current Principal Place of Business:

2821 NW 136TH ST.
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 120130
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 65-0354463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WILLIAMS, CHARLIE,	
Address:	P.O. BOX 120130	
City-St-Zip:	FORT LAUDERDALE, FL 33312	
Title:	VSD	( ) Delete
Name:	WILLIAMS, JANIE,	
Address:	P.O. BOX 120130	
City-St-Zip:	FORT LAUDERDALE, FL 33312	
Title:	TD	( ) Delete
Name:	JONES, CAROLYN	
Address:	7733 TRENT DR 202F	
City-St-Zip:	TAMARAC, FL 33321	
Title:	D	( ) Delete
Name:	WILLIAMS, KESHA	
Address:	310 MEGAN WAY	
City-St-Zip:	HAMPTON, GA 30228	
Title:	D	( ) Delete
Name:	GOLDEN, LORI	
Address:	9541 NW 52ND ST	
City-St-Zip:	SUNRISE, FL 33351	
Title:	D	( ) Delete
Name:	WILLIAMS, CHARLIE E	
Address:	7815 NW 89TH CT.	
City-St-Zip:	OKEECHOBEE, FL 34972	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLIE E. WILLIAMS JR. P 02/17/2009

Electronic Signature of Signing Officer or Director — Date