

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51029

FILED
Apr 17, 2011
Secretary of State

Entity Name: TABERNACLE OF FAITH MINISTRIES, INC.

Current Principal Place of Business:

2821 NW 13TH 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
12120 SW AVENTINO DRIVE
PORT ST. LUCIE, FL 34897 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
Name: WILLIAMS, CHARLIE
Address: P.O. BOX 120130
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VSD
Name: WILLIAMS, JANIE
Address: P.O. BOX 120130
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: TD
Name: JONES, CAROLYN
Address: 7733 TRENT DR 202F
City-St-Zip: TAMARAC, FL 33321

Title: D
Name: WILLIAMS, KESHA
Address: 310 MEGAN WAY
City-St-Zip: HAMPTON, GA 30228

Title: D
Name: GOLDEN, LORI
Address: 9541 NW 52ND ST
City-St-Zip: SUNRISE, FL 33351

Title: D
Name: WILLIAMS, CHARLIE E
Address: 7815 NW 89TH CT.
City-St-Zip: OKEECHOBEE, FL 34972

I hereby 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 all other like empowered.

SIGNATURE: JANE WILLIAMS

VSD

04/17/2011

Electronic Signature of Signing Officer or Director

Date