

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

May 01 1996 8:00 am

Secretary of State

DOCUMENT # N93000004604 (5)

1. Corporation Name

TABERNACLES SILOE, INC.

Principal Place of Business

7525 LAKE UNDERHILL ST.  
ORLANDO FL 32807

Mailing Address

7525 LAKE UNDERHILL ST.  
ORLANDO FL 32807

3. Date Incorporated or Qualified  
10/08/1993

3a. Date of Last Report  
02/22/1995

4. FEI Number  
59-3225917

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ILDEFONSO, MANUEL REV  
14834 DAY LILY CT.  
ORLANDO FL 32824

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ILDEFONSO, MANUEL REV  
STREET ADDRESS 8449 FT THOMAS WAY  
CITY-ST-ZIP ORLANDO FL ☐ DELETE

1.1 TITLE  
1.2 NAME ☐ Change ☐ Addition  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SD  
NAME ALVARADO, JEANNETTE  
STREET ADDRESS 4974 REGINALD RD  
CITY-ST-ZIP ORLANDO FL ☒ DELETE

2.1 TITLE SD  
2.2 NAME Rivera Pizarro, Alexandria  
2.3 STREET ADDRESS apto 8. General Blue Mesa  
2.4 CITY-ST-ZIP ortuno, FL 32422 ☒ Change ☐ Addition

TITLE TDMO  
NAME LUGO, LARRY N.  
STREET ADDRESS 736 MCLEAN CT  
CITY-ST-ZIP ORLANDO FL ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

4.1 TITLE SD  
4.2 NAME Lillian Rivera  
4.3 STREET ADDRESS 7850 Silvertree Trail  
4.4 CITY-ST-ZIP Orlando, FL 32422 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME 600001846338  
6.3 STREET ADDRESS -06/03/96--01015--004  
6.4 CITY-ST-ZIP \*\*\*69.00 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)