

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004604

FILED
Apr 03, 2007
Secretary of State

Entity Name: TABERNACULO SILOE, INC.

Current Principal Place of Business:

928 N DEAN RD.
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

928 N DEAN RD.
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 59-3225917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ILDEFONSO, MANUEL A
8449 FORT THOMAS WAY
ORLANDO, FL 32822 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: ILDEFONSO, MANUEL A REV
Address: 8449 FT THOMAS WAY
City-St-Zip: ORLANDO, FL 32822 US

Title: SD () Delete
Name: AGUAYO, MINERVA
Address: 2805 DELCREST DR.
City-St-Zip: ORLANDO, FL 32817 US

Title: TD () Delete
Name: BONET, ANGELICA
Address: 8449 FORT THOMAS WAY
City-St-Zip: ORLANDO, FL 32807 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MANUEL A. ILDEFONSO

PD

04/03/2007

Electronic Signature of Signing Officer or Director

Date