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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **N94000000306 (0)**

1. Corporation Name

THE TABERNACLE OUTREACH OF PRAISES INC.

Principal Place of Business	Mailing Address
4119 N. STATE ROAD 7 SUITE 8011 N/A FORT LAUDERDALE FL 33319	4119 N. STATE ROAD 7 SUITE 8011 N/A FORT LAUDERDALE FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1994
3a. Date of Last Report:
4. FEI Number: 65-0453282 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3058 WEST BROWARD BLVD	25 650 SW 30th TERRACE
Suite, Apt. #, etc. 22 # 2	Suite, Apt. #, etc. 27
City & State 23 FT. LAUD, FL	City & State 28 FT. LAUD, FL
Zip / Country 24 33312 / 25 BROWARD	Zip / Country 29 33312 / 30 BROWARD

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WHITE, GARY L 650 SW 30TH TERRACE FT. LAUDERDALE FL 33312	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ▲ _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	WHITE, GARY L	12 NAME	
STREET ADDRESS	650 S.W. 30TH TERRACE	13 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	YOUNG, ~~GARY L~~ Gloria D	22 NAME	
STREET ADDRESS	650 S.W. 30TH TERRACE	23 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	RAYE LLOYD	32 NAME	
STREET ADDRESS	1119 NW 11TH CT	33 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	AVRIL COLETTI	42 NAME	
STREET ADDRESS	1115 SW 15TH STREET APT 4	43 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MEGAN GONZALES	52 NAME	
STREET ADDRESS	4510 NW 36TH STREET APT 308	53 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE LAKES FL 33319	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

5/14

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: Gary L White 4-10-95 791-2480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048781