

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90004 010 ****70.00

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1. Entity Name
TABERNACLE OF JOY, INC.



Principal Place of Business
**208 NORTHWEST 15TH COURT
POMPAÑO BEACH, FL 33060**

Mailing Address
**208 NORTHWEST 15TH COURT
POMPAÑO BEACH, FL 33060**

44049141



07022004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0602653

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**OATTS, LETHA V
208 NORTHWEST 15TH COURT
POMPAÑO BEACH, FL 33060**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME OATTS, LETHA V
STREET ADDRESS 208 NORTHWEST 15TH COURT
CITY-ST-ZIP POMPAÑO BEACH, FL 33060

TITLE DT
NAME JACKSON, JANNIE
STREET ADDRESS 1522 N.W. 6TH AVENUE
CITY-ST-ZIP POMPAÑO BEACH, FL 33060

TITLE DTC
NAME HORM, FELDER
STREET ADDRESS 1982 AVANTI CIR.
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE DTR
NAME JORDAN, SAMUEL
STREET ADDRESS 7541 NW 16TH ST.
CITY-ST-ZIP PLANTATION, FL 33313

TITLE SS
NAME OATTS-BYNES, SHARON
STREET ADDRESS 1641 COVELAKE ROAD
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #