2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000000396

1. Entity Name
TABERNACLE OF JOY, INC.

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

Mailing Address
208 NORTHWEST 15TH COURT
POMPANO BEACH, FL 33060

DO NOT WRITE IN THIS SPACE

02212006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0602653

Applied For
Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 ______________________________ DATE

Filing Fee is $61.25
Due by May 1, 2006

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	POMPANO BEACH, FL 33060
TITLE	DT
NAME	JACKSON, JANNIE
STREET ADDRESS	1522 N.W. 6TH AVENUE
CITY ST ZIP	POMPANO BEACH, FL 33060
TITLE	DTC
NAME	HORM, FELDER
STREET ADDRESS	1962 AVANTI CIR.
CITY ST ZIP	PORT ST. LUCIE, FL 34952
TITLE	DTR
NAME	JORDAN, SAMUEL
STREET ADDRESS	7541 NW 16TH ST.
CITY ST ZIP	PLANTAITON, FL 33313
TITLE	SS
NAME	OATTS-BYNES, SHARON
STREET ADDRESS	360 NW 19TH STREET
CITY ST ZIP	POMPANO BEACH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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03/18/06-80020-005 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Sharon Oatts-Bynes Sharon Oatts-Bynes, Secretary 3-6-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE