

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90071 037 ****70.00

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		
2. Principal Place of Business - No. P.O. Box # 169 S.W. 1st Terrace		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122007 Chg-NP CR2E037 (12/06)	
City & State Deerfield Bch FL		City & State		4. FEI Number 65-0602653	
Zip 33441		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OATTS, LETHA V 208 NORTHWEST 15TH COURT POMPANO BEACH, FL 33060				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>Letha V. Oatts</i></u> 4/19/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OATTS, LETHA V 208 NORTHWEST 15TH COURT POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JACKSON, JANNIE 1522 N.W. 6TH AVENUE POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTC HORM, FELDER 1982 AVANTI CIR. PORT ST. LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTR JORDAN, SAMUEL 7541 NW 16TH ST. PLANTATION, FL 33313	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS OATTS-BYNES, SHARON 360 NW 19TH STREET POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC Wilson-Oatts, Kimberly 208 NW 15th Court Pompano Beach, FL 33060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Neal, Terry 4464 NW 92nd Terrace Sunrise, FL 33351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <u><i>Letha V. Oatts</i></u>		4/19/07		954)784-0538	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	