2005 NOT-FOR-PROFIT CORPORATION -ANNUAL REPORT (AR)

Apr 18, 2005 8:00 am Secretary of State DOCUMENT # N95000001267 1. Entity Name 04-18-2005 90270 043 ****61.25 JESUS HOLY TABERNACLE CHURCH INC. Principal Place of Business Mailing Address 197 BRIGADIER ST 2209 W. HERMAN ST. PENSACOLA FL 32505 PENSACOLA FL 32507 2. Principal Place of Business 212 S. N" Street 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-3293676 s placecures Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALEXANDER, DAVID --Street Address (P.O. Box Number is Not Acceptable) 197 BRIGADIER STREET PENSACOLA FL 32507 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Detete TITLE Change ☐ Addition ALEXANDER, DAVID 197 BRIGADIER ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32507 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME EDWARDS, EDDIE NAME 8620 HINSON ST. STREET ADDRESS STREET ADDRESS PENSACOLA FL 32514 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition ALEXANDER, FRANKLIN R NAME STREET ADDRESS 3109 LOST CREEK DR STREET, ADDRESS CITY-ST-ZIP CANTONMENT FL 32533 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HARRIS, SALLIE NAME 3215 W. FAIRFIELD DR. STREET ADDRESS STREET ADDRESS PENSACOLA FL 32505 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ALEXANDER, BERLINDA F NAME 197 BRIGADIER ST STREET ADDRESS STREET ADDRESS PENSACOLA FL 32507 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THEF ☐ Addition ALEXANDER, DAVID III NAME NAME 1325 E CROSS ST STREET ADDRESS STREET ADDRESS PENSACOLA FL 32503 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.

David Alexander April 12, 2005

GNING OFFICER ON DIRECTOR SIGNATURE: 🗸

FILED