

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90058 008 \*\*\*\*61.25

**DOCUMENT # N97000000880**

1. Entity Name  
**TABERNALE OF FAITH COMMUNITY DEVELOPMENT  
CORPORATION, INC.**



Principal Place of Business  
250 NW 31ST AVE  
POMPANO, FL 33069 US

Mailing Address  
3541 NW 9TH CT  
FORT LAUDERDALE, FL 33311 US

11000100



2. Principal Place of Business

3. Mailing Address

P.O. Box 120130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112004 Chg-NP CR2E037 (10/03)

City & State

City & State  
Ft. Lauderdale, Florida

4. FEI Number  
65-0832194

Applied For  
Not Applicable

Zip

Country

Zip

Country

33312

USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, CHARLIE  
3541 N.W. 9TH CT.  
FORT LAUDERDALE, FL 33311

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]*

1-13-2004

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 May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 P ☐ Delete  
NAME WILLIAMS, CHARLIE  
STREET ADDRESS 3541 NW 9TH CT  
CITY-ST-ZIP FT LAUDERDALE, FL 33311

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SVPD ☐ Delete  
NAME WILLIAMS, JANE  
STREET ADDRESS 3541 NW 9TH CT  
CITY-ST-ZIP FT LAUDERDALE, FL 33311

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CLARK, ALONZO  
STREET ADDRESS 240 NW 7TH AVE  
CITY-ST-ZIP DANIA, FL 33004

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RANDALL, CAROLYN J  
STREET ADDRESS 2901 SW 5TH STREET  
CITY-ST-ZIP FT LAUDERDALE, FL 33312

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WILLIAMS, CHARLIE III  
STREET ADDRESS 3771 SW 45TH TERRACE  
CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RODRIGUEZ, CLIFTON H  
STREET ADDRESS 3146 NW 68ST #1  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE ☒ Change ☐ Addition  
NAME Board Advisor/Ex-Officio  
STREET ADDRESS RODRIGUEZ, CLIFTON H.  
CITY-ST-ZIP 3146 NW 68 STREET  
Ft. Lauderdale, Florida 33309

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2004

Date

Daytime Phone #