

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90030 008 ****61.25

DOCUMENT # N97000000880
1. Entity Name
Tabernacle of Faith Community Development Corporation, Inc.

40005493

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 250 NW 31st Avenue Suite, Apt. #, etc.	3. Mailing Address P.O. Box 120130 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Pompano Beach, FL	City & State Fort Lauderdale, FL	4. FEI Number 65-0354463	Applied For <input type="checkbox"/> Not Applicable
Zip 33069	Country USA	Zip 33312	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Charlie E. Williams, Jr.	
Street Address (P.O. Box Number is Not Acceptable) 3541 NW 9th Court	
City Fort Lauderdale	Zip Code 33311

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  **Charlie E. Williams, Jr.** **1/18/2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE CEO/Trustee	NAME Charlie E. Williams, Jr.	TITLE	
STREET ADDRESS 3541 NW 9th Court	CITY-ST-ZIP Fort Lauderdale, Florida 33311	STREET ADDRESS	
TITLE Executive Director/Trustee	NAME Janie Williams	TITLE	
STREET ADDRESS 3541 NW 9th Court	CITY-ST-ZIP Fort Lauderdale, Florida 33311	STREET ADDRESS	
TITLE Trustee	NAME Alonzo Clark	TITLE	
STREET ADDRESS 240 NW 7th Avenue	CITY-ST-ZIP Dania, Florida 33004	STREET ADDRESS	
TITLE Trustee	NAME Carolyn J. Randall	TITLE	
STREET ADDRESS 2901 SW 5th Street	CITY-ST-ZIP Fort Lauderdale, Florida 33312	STREET ADDRESS	
TITLE Corporate Secretary/Trustee	NAME Charlie E. Williams, III	TITLE	
STREET ADDRESS 3771 SW 45th Terrace	CITY-ST-ZIP Hollywood, Florida 33023	STREET ADDRESS	
TITLE Board Advisor/Ex-officio Member	NAME Clifton H. Rodriguez, CPA	TITLE	
STREET ADDRESS 3146 NW 68 Street	CITY-ST-ZIP Fort Lauderdale, Florida 33309-1206	STREET ADDRESS	


**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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE  **Charlie E. Williams, Jr.** **1/18/2005** **(954)587-1074**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N97000000880 1. Entity Name TABERNACLE OF FAITH COMMUNITY DEVELOPMENT CORPORATION, INC.					
Principal Place of Business 250 NW 31ST AVE POMPANO, FL 33069 US			Mailing Address P.O. BOX 120130 FORT LAUDERDALE, FL 33312 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0832194	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMS, CHARLIE 3541 N.W. 9TH CT. FORT LAUDERDALE, FL 33311				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <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, 2005		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	P WILLIAMS, CHARLIE 3541 NW 9TH CT FT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD WILLIAMS, JANE 3541 NW 9TH CT FT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, ALONZO 240 NW 7TH AVE DANIA, FL 33004	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDALL, CAROLYN J 2901 SW 5TH STREET FT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, CHARLIE III 3771 SW 45TH TERRACE HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, CLIFTON H 146 NW 68 STREET FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Janie Williams <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
1-18-2004 954 587-1074 <small>Date Daytime Phone #</small>					