

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90027 048 ****61.25

DOCUMENT # N97000000880

1. Entity Name

**TABERNACLE OF FAITH COMMUNITY DEVELOPMENT
CORPORATION, INC.**



Principal Place of Business

**2821 N.W. 13TH ST
POMPANO BEACH FL 33069
US**

Mailing Address

**P.O. BOX 120130
FORT LAUDERDALE FL 33312
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0832194

Applied For

Not Applicable

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 E JR
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

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

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CLARK, ALONZO**
CITY-ST-ZIP **1637 NW 13TH ST
FORT LAUDERDALE FL 33311**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **JONES, CAROLYN**
CITY-ST-ZIP **7733 TRENT DR 202F
TAMARAC FL 33321**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WILLIAMS, CHARLIE III**
CITY-ST-ZIP **7815 N.W. 89TH CT
OKEECHOBEE FL 34972**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WILLIAMS, KESHA**
CITY-ST-ZIP **6670 NW 70TH AVE
FORT LAUDERDALE FL 33321**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **P.O. Box 120130**
CITY-ST-ZIP **Ft. Laud, FL. 33312**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **P.O. Box 120130**
CITY-ST-ZIP **Ft. Laud, FL. 33312**

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **310 Megan Way**
CITY-ST-ZIP **Hampton, GA. 30228**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jan William Jane Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/2008 954 553-9772