

FILE NOW: FILING FEE IS \$61.25

FILED  
Aug 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003219 (9)**

1. Corporation Name

**TABERNACLE OF GOD, CHURCH, INC.**



Principal Place of Business	Mailing Address
<b>5361 N ROSEMARIE AVE BOYNTON BEACH FL 33437</b>	<b>5361 N ROSEMARIE AVE BOYNTON BEACH FL 33437</b>

3. Date Incorporated or Qualified	<b>06/04/1997</b>
4. FEI Number	<b>65-0759193</b>
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> <b>PO Box 812517</b>
<b>22</b> City & State	<b>27</b> Suite, Apt. #, etc.
<b>23</b> City & State	<b>28</b> <b>BOYNTON BEACH FL</b>
<b>24</b> Zip	<b>29</b> <b>33437-2517</b>
<b>25</b> Country	<b>30</b> <b>USA</b>

5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
<b>DESIR, MCIVAN 5361 N ROSEMARIE AVE BOYNTON BEACH FL 33437</b>	

10. Name and Address of New Registered Agent	
81 Name	<b>PIERRE N VALCENA</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2488 W LAKE IDA RD</b>
83	
84 City	<b>DELRAY BEACH FL</b>
85 Zip Code	<b>33445</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **02/15/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALCENA, PIERRE N</b>	1.2 NAME	
STREET ADDRESS	<b>2488 W LAKE IDA RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLISSAINT, MARCEL</b>	2.2 NAME	
STREET ADDRESS	<b>191 STERLING AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33444</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESIR, MCIVAN</b>	3.2 NAME	
STREET ADDRESS	<b>5361 N ROSEMARIE AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRIBE, FRANTZ</b>	4.2 NAME	
STREET ADDRESS	<b>15 SOUTHERN CROSS CIRCLE, #204</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBERT, ALEX</b>	5.2 NAME	
STREET ADDRESS	<b>235 SE 26 AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORCELY, RANEXTE</b>	6.2 NAME	
STREET ADDRESS	<b>303 SW 3 AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* **02/15/98**

CR2E037 (10/97)