

NONPROFIT
CORPORATION
ANNUAL REPORT
1999 - 2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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DOCUMENT # N97000003219

1. Corporation Name

TABERNACLE OF GOD, CHURCH, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5361 N ROSEMARIE AVE
BOYNTON BEACH FL 33437

Mailing Address

P. O. BOX 812517
BOCA RATON FL 33481-2517
US

REINSTATEMENT 99-00

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

06/04/1997

4. FEI Number

65-0759193

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

VALCENA, PIERRE N.
2488 W LAKE IDA RD
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

PIERRE NOEL VALCENA

(NOTE: Registered Agent signature required when reinstating)

03/08/00

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME VALCENA, PIERRE N
STREET ADDRESS 2488 W LAKE IDA RD
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE VD ☒ DELETE

NAME POLISSAINT, MARCEL
STREET ADDRESS 191 STERLING AVE
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE SD ☒ DELETE

NAME CRIBE, FRANTZ
STREET ADDRESS 15 SOUTHERN CROSS CIRCLE, #204
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE D ☒ DELETE

NAME ALBERT, ALEX
STREET ADDRESS 235 SE 26 AVE
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 0000003222030 ☐ Change ☐ Addition

1.2 NAME -04/25/00--01010--009

1.3 STREET ADDRESS *****297.50 *****297.50

1.4 CITY-ST-ZIP

2.1 TITLE VD ☐ Change ☒ Addition

2.2 NAME Ynocel, Elie
2.3 STREET ADDRESS 1630 Stonehaven Dr #3
2.4 CITY-ST-ZIP Boynton Beach, FL 33436

3.1 TITLE SD ☐ Change ☒ Addition

3.2 NAME Valcena, Laurette
3.3 STREET ADDRESS 2488 W Lake Ida Road
3.4 CITY-ST-ZIP Delray Beach, FL 33445

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Alain Dessaint ☐ Change ☒ Addition

5.2 NAME
5.3 STREET ADDRESS 523 Davis Rd
5.4 CITY-ST-ZIP DELRAY BEACH, FL 33445

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

01-29-00

(561) 274-0044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #