

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003219

FILED
May 01, 2004
Secretary of State

Entity Name: TABERNACLE OF GOD, CHURCH, INC.

Current Principal Place of Business:

500 GULF STREAM BLVD.
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

2488 W LAKE IDA ROAD
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 65-0759193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VALCENA, PIERRE N
Address: 2488 W LAKE IDA RD
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: YNOCEL, ELIE
Address: 1630 STONEHAVEN DR. #3
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VSD () Delete
Name: VALCENA, LAURETTE
Address: 2488 W. LAKE IDA ROAD
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: DESSAINT, ALAIN
Address: 523 DAVIS ROAD
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: YNOCEL, ELIE
Address: 9351 LAUREL GREEN
City-St-Zip: BOYNTON BEACH, FL 33433

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PIERRE VALCENA

PD

05/01/2004

Electronic Signature of Signing Officer or Director

Date