


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000004081 1. Entity Name TABERNACLE REFUGE PROGRAM, INC.	
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Principal Place of Business 3825 2ND AVE MIAMI, FL 33127	Mailing Address 3825 2ND AVE MIAMI, FL 33127
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DO NOT WRITE IN THIS SPACE



08282006 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOSE, JEAN S 3825 NW 2ND AVE MIAMI, FL 33127	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSE, JEAN S 45 NE 68TH ST MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIROL, JEAN LOUIS 175 W 28TH STREET RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOSE, WILEM C 18900 NW 10TH CT MIAMI, FL 33169
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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09/11/06-80001-009 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Jean S Jose 8-29-06 786-2902327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #