


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

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # N98000000110<br>1. Entity Name<br>TABERNACLE OF PRAISE AND JOY INC. |  |
|--|---|

|   |  |
|---|--|
| Principal Place of Business<br>1507 MLK AVE<br>WAUCHULA, FL 33873 | Mailing Address<br>P O BOX 102<br>WAUCHULA, FL 33873 |
|---|--|

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04242006 No Chg-NP CR2E037 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>36-4213603                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>CARPENTER, DELOIS<br>841 CHAMBERLIN<br>WAUCHULA, FL 33873 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>EVERETT, LUCIOUS A<br>252 AIRPORT RE<br>WAUCHULA, FL 33873 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>ST EVERETT, DENISE<br>252 AIRPORT RE<br>WAUCHULA, FL 33873 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>LINDSEY, NAOMI<br>P O BOX 312<br>BOWLING GREEN, FL 33834   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>RIVERS, CHARLIE M<br>P O BOX 1987<br>WAUCHULA, FL 33873    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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05/09/06-80007-008.70.00

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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: Lucious A. Everett 4-20-06 863-781-6679  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #