

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 13, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N98000003335**

**1. Entity Name**  
**TABERNACLE COMMUNITY DEVELOPMENT, INC.**



**Principal Place of Business**  
**2600 HAMMONDVILLE RD**  
**POMPAÑO BEACH, FL 33069**

**Mailing Address**  
**P.O. BOX 1043**  
**POMPAÑO BEACH, FL 33061**



04082005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

|  |                                      |
|--|--------------------------------------|
| <b>4. FEI Number</b><br>65-0840788   | <b>Applied For</b><br>Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                      |

**6. Name and Address of Current Registered Agent**

**BOWENS, HERBERT L**  
**361 NW 19TH COURT**  
**POMPAÑO BEACH, FL 33060**

**DO NOT WRITE  
IN THIS SPACE**

**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 May 1, 2005**

**9. Election Campaign Financing  
Trust Fund Contribution** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** PD  
**NAME** BOWENS, HERBERT L  
**STREET ADDRESS** 361 NW 19TH COURT  
**CITY-ST-ZIP** POMPAÑO BEACH, FL 33060

**TITLE** SD  
**NAME** BOWENS, JOYCE A  
**STREET ADDRESS** 361 NW 19TH COURT  
**CITY-ST-ZIP** POMPAÑO BEACH, FL 33060

**TITLE** TD  
**NAME** DINKINS, JOHN D  
**STREET ADDRESS** 2352 CODY STREET  
**CITY-ST-ZIP** HOLLYWOOD, FL 33020

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

U00000303164  
04/13/05-80101-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

**12. 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 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:**

*Herbert Bowens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05

Date

954-661-8517

Daytime Phone #