

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # N98000005134

Corporation Name

TRUE TABERNALE OF JESUS-CHRIST MINISTRIES, INC.

Principal Place of Business
2034 NORTH DIXIE HIGHWAY
WEST PALM BEACH FL 33407

Mailing Address
2034 NORTH DIXIE HIGHWAY
WEST PALM BEACH FL 33407

FILED

99 OCT 13 AM 8:20

 SECRETARY OF STATE
TALLAHASSEE, FLORIDA


1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/02/1998	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0851346	
Country		Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				55.00 May Be Added to Fees	

NAVAL, GESNER PASTOR
2032 NORTH DIXIE HIGHWAY
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent
11. Name
Rev. LENESE P. NAVAL, PASTOR
12. Street Address (P.O. Box Number is Not Acceptable)
2032 N. Dixie Hwy.
13. City
West Palm Beach FL
14. Zip Code
33407

I, 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: *Lenese P. Naval*
DATE: **8-31-99**

NOTE: Registered Agent signature required when changing

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President, Director ☐ DELETE	1.1 TITLE	PRESIDENT ☐ Change ☒ Addition
1.2 NAME	Lenese P. Naval	1.2 NAME	LENESE NAVAL P.
1.3 STREET ADDRESS	2032 N. Dixie Hwy. WPB FL 33407	1.3 STREET ADDRESS	2032 N. Dixie Hwy. WPB FL 33407
1.4 CITY-ST-ZIP	2032 N. Dixie Hwy. WPB FL 33407	1.4 CITY-ST-ZIP	2032 N. Dixie Hwy. WPB FL 33407
2.1 TITLE	Secretary, Director ☐ DELETE	2.1 TITLE	SECRETARY ☐ Change ☒ Addition
2.2 NAME	Jean Daniel Gay	2.2 NAME	JEAN D. GAY
2.3 STREET ADDRESS	2032 N. Dixie Hwy. WPB FL 33407	2.3 STREET ADDRESS	2032 N. Dixie Hwy. WPB FL 33407
2.4 CITY-ST-ZIP	2032 N. Dixie Hwy. WPB FL 33407	2.4 CITY-ST-ZIP	2032 N. Dixie Hwy. WPB FL 33407
3.1 TITLE	Treasurer, Director ☐ DELETE	3.1 TITLE	TREASURER ☐ Change ☒ Addition
3.2 NAME	Jean C. Estiverne	3.2 NAME	JEAN C. ESTIVERNE
3.3 STREET ADDRESS	341 49th Street WPB FL 33407	3.3 STREET ADDRESS	431 49th Street #1 WPB FL 33407
3.4 CITY-ST-ZIP	341 49th Street WPB FL 33407	3.4 CITY-ST-ZIP	431 49th Street #1 WPB FL 33407
4.1 TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 another I am empowered.

SIGNATURE:

STATE OFFICE REQUIRED
TS
8-31-99 (561) 835-9571

CR20037 (5/99)