2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N98000005134

T FILED
Sep 27, 2005
Secretary of State

Entity Name: TRUE TABERNACLE OF JESUS-CHRIST MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: 2034 NORTH DIXIE HIGHWAY WEST PALM BEACH, FL 33407 **Current Mailing Address: New Mailing Address:** 2034 NORTH DIXIE HIGHWAY WEST PALM BEACH, FL 33407 FEI Number: 65-0851346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NAVAL-ESTIVERNE, LENESE P PASTOR 2032 NORTH DIXIE HIGHWAY WEST PALM BEACH, FL 33407 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition NAVAL, LENESE P Name: Name: 2032 N. DIXIE Address: Address: City-St-Zip: WPB, FL 33407 City-St-Zip: Title: Title: () Delete () Change () Addition ESTIVERNE, JEAN C Name: Name: Address: 431 49TH STREET, APT, #1 Address: City-St-Zip: WPB, FL 33407 City-St-Zip: Title: () Delete Title: () Change () Addition CHERY, LINDA Name: Name: Address: 516 N. 5TH STREET, APT. #2 Address: City-St-Zip: LANTANA, FL 33462 City-St-Zip: Title: () Delete Title: (X) Change () Addition ESTIMA, BERACAH DIRECTO Name: Name: FREDA, DERILUS D 2300 SPRINGDALE BLVD Address: 2349 WABASSO DRIVE Address: City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: LAKE WORTH, FL 33461 Title: () Delete Title: () Change () Addition STEPHEN, MARK DIRECTO Name: Name: 4021 NE 6TH AVENUE Address: Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: Title: () Delete Title: (X) Change () Addition EDKINS, RICHARD DIRECTO ISLODA, ALBERT D Name: Name: Address: 1761 2ND AVENUE NORTH #8 Address: 1031 SPRINDALE COURT WEST PALM BEACH, FL 33461 LAKE WORTH, FL 33461 City-St-Zip: 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: LENESE P NAVAL ESTIVERNE PD 09/27/2005