

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 04, 2006
Secretary of State

DOCUMENT# N98000005134

Entity Name: TRUE TABERNACLE OF JESUS-CHRIST MINISTRIES, INC.**Current Principal Place of Business:**1700 AUSTRALIAN AVENUE
WEST PALM BEACH, FL 33407**New Principal Place of Business:**101 DAVIS ROAD
LAKE WORTH, FL 33461**Current Mailing Address:**P.O. BOX 19323
WEST PALM BEACH, FL 33416**New Mailing Address:****FEI Number:** 65-0851346**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JONES, WILLIE ESQUIRE
600 NORTH CONGRESS AVENUE
SUITE 520
DELRAY BEACH, FL 33445 US**Name and Address of New Registered Agent:**

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:

Title: PD () Delete
Name: NAVAL, LENESE P PASTOR
Address: 702 14TH STREET
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SD () Delete
Name: STEPHEN, MARK MEMBER
Address: 4021 NE 5TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

Title: TD () Delete
Name: ESTIVERNE, JEAN C EVANGEL
Address: P.O. BOX 19323
City-St-Zip: WEST PALM BEACH, FL 33416

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: ESTIVERNE, JEAN C EVANGEL
Address: P.O. BOX 19323
City-St-Zip: WEST PALM BEACH, FL 33416

Title: TD (X) Change () Addition
Name: DURANDICE, SYNDIA MEMBER
Address: 4627 MYLA LN.
City-St-Zip: WEST PALM BEACH, FL 33417

Title: SD () Change (X) Addition
Name: PIERRE-LOUIS, JOHANNE MEMBER
Address: 5914 LINCOLN CIRCLE WEST
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Change (X) Addition
Name: STEPHEN, MARK MEMBER
Address: 4021 NE 5TH AVENUE
City-St-Zip: WEST PALM BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

PD

03/04/2006

Electronic Signature of Signing Officer or Director

Date