

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005134

FILED
May 25, 2007
Secretary of State

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

Current Principal Place of Business:

101 DAVIS ROAD
LAKE WORTH, FL 33461

New Principal Place of Business:

3772 SOUTH MILITARY TRAIL
LAKE WORTH, FL 33463 US

Current Mailing Address:

P.O. BOX 19323
WEST PALM BEACH, FL 33416

New Mailing Address:

P.O. BOX 19323
WEST PALM BEACH, FL 33416 US

FEI Number: 65-0851346 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

TUGGLE, GWENDOLYN S. P.A.
1675 PALM BEACH LAKES BLVD.
SUITE 700
WEST PALM BEACH, FL 33401 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: GWENDOLYN S. TUGGLE

05/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NAVAL, LENESE P PASTOR
Address: 7169 120 AVE N
City-St-Zip: WEST PALM BEACH, FL 33412

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

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

Title: D () Delete
Name: NERISSAINT, MARGARETTE
Address: 3030 CONGRESS PARK #223
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: DELOUIS, LEONARD
Address: P.O. BOX 1734
City-St-Zip: WEST PALM BEACH, FL 33402

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 US

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

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

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

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

05/25/2007

Electronic Signature of Signing Officer or Director

Date