


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # N98000006733	
1. Entity Name TABERNACLE JERUSALEM CHURCH CORPORATION	

Principal Place of Business 2118 SW 60 TERR MIRAMAR, FL 33023	Mailing Address 561 NW 194 STREET MIAMI, FL 33169
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DO NOT WRITE IN THIS SPACE



01292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0886864	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PHILIPPE, JEAN REV.
561 NW 194 STREET
MIAMI, FL 33169**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILIPPE, JEAN REV. 561 NW 194 STREET MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERWITH, JEAN-PHILIPPE 361 NW 194 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERNITH, JEAN-PHILIPPE 561 NW 194 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BONHOMME, FRANCIOS 7820 GRANADA BLVD MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000867349
04/08/08-80068-001 66.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **03-10-08 305 542 8396**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #