

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000502

FILED
Mar 14, 2014
Secretary of State
CC7506120443

Entity Name: TABERNACLE OF GOD MINISTRIES, INC.

Current Principal Place of Business:

1200 W. CENTRAL BLVD.
ORLANDO, FL 32805

Current Mailing Address:

1200 W. CENTRAL BLVD.
ORLANDO, FL 32805

FEI Number: 59-3712350

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BROWN, RONALD H
1200 W. CENTRAL BLVD.
ORLANDO, FL 32805 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

Officer/Director Detail :

Title CEO
Name BROWN, RONALD H
Address 1200 WEST CENTRAL BLVD
City-State-Zip: ORLANDO FL 32805

Title CFO, COO
Name FRANKLIN BROWN, JERLEEN
Address 1200 WEST CENTRAL BLVD
City-State-Zip: ORLANDO FL 32805

Title SECRETARY
Name BROWN, KIMESHA
Address 1200 WEST CENTRAL BLVD
City-State-Zip: ORLANDO FL 32805

Title CO-TRUSTEE
Name SIMMONS, BETTY
Address 55 BROWNSWOOD ROAD
City-State-Zip: JOHNS ISLAND SC 29455

Title ASST. TREASURER
Name JETER, DOMINIQUE
Address 1200 WEST CENTRAL BLVD
City-State-Zip: ORLANDO FL 32805

Title CO-TRUSTEE
Name REEZE, ALONA B
Address 1200 W. CENTRAL BLVD
City-State-Zip: ORLANDO FL 32805

Title TRUSTEE
Name FRANKLIN, VERA
Address 1200 WEST CENTRAL BLVD
City-State-Zip: ORLANDO FL 32805

Title CO-TRUSTEE
Name SIMMONS, LEO
Address 55 BROWNSWOOD RD
City-State-Zip: JOHNS ISLAND SC 29455

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I hereby 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 all other like empowered.

SIGNATURE: RONALD H. BROWN

PASTOR, CEO

03/14/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name FELDER, ROBERT
Address 1200 W. CENTRAL BLVD.
City-State-Zip: ORLANDO FL 32805