

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N0100000502

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

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

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

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

Title DEACONESS  
Name VICKERS, VICKIE  
Address 1200 W. CENTRAL BLVD  
City-State-Zip: ORLANDO FL 32805

Title TRUSTEE  
Name REEZE, SHALONA BRE'SHAY  
Address 1200 WEST CENTRAL BLVD  
City-State-Zip: ORLANDO FL 32805

Title TRUSTEE  
Name REEZE, DEMITRIS KENNARD  
Address 1200 WEST CENTRAL BLVD.  
City-State-Zip: ORLANDO FL 32805

Title TRUSTEE  
Name MCQUITTER, GREG  
Address 1200 W. CENTRAL BLVD.  
City-State-Zip: ORLANDO FL 32805

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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: JERLEEN FRANKLIN BROWN**

**PRESIDENT**

**01/25/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DEACON  
Name LEWIS, JOE  
Address 1200 W. CENTRAL BLVD.  
City-State-Zip: ORLANDO FL 32805