

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009939

Entity Name: TABERNACLE OF SALVATION, INC**Current Principal Place of Business:**28099 SW 143TH CT
HOMESTEAD, FL 33033**Current Mailing Address:**28099 SW 143TH CT
HOMESTEAD, FL 33033 US**FEI Number:** 20-0417151**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEMOSTHENE, GABRIEL PASTOR
28099 SW 143TH CT
HOMESTEAD, FL 33033 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	PD
Name	DEMOSTHENE, GABRIEL PASTOR
Address	28099 SW 143TH CT
City-State-Zip:	HOMESTEAD FL 33033

Title	VP
Name	PETIT-HOMME, GARY VP
Address	6438 NE 1ST PLACE
City-State-Zip:	MIAMI FL 33138

Title	ASST. TREASURER
Name	AUGUSTIN, MADSEN
Address	1071 NW 108TH TERRACE
City-State-Zip:	MIAMI FL 33168

Title	D, DIRECTOR
Name	PIERRE, KATIUSQUIE T
Address	14140 NE 8TH AVENUE
City-State-Zip:	NORTH MIAMI FL 33161

Title	DIRECTOR
Name	PETIT-HOMME, CAMY
Address	6438 N.E 1ST PLACE
City-State-Zip:	MIAMI FL 33138

Title	TREASURER
Name	EMILIENNE, MERILIEN AD
Address	30517 SW 187TH PLACE
City-State-Zip:	HOMESTEAD FL 33030

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: GABRIEL DEMOSTHENE**PRESIDENT****04/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date