

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005495

**FILED**  
**Mar 04, 2015**  
**Secretary of State**  
**CC8048881410**

**Entity Name:** TABERNACLE OF THANKSGIVING TO THE LORD, INC

**Current Principal Place of Business:**

2008 43 AVE W  
BRADENTON, FL 34205

**Current Mailing Address:**

2008 43 AVE W  
BRADENTON, FL 34205

**FEI Number: 45-5356622**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CHARLES, BYRON O  
4050 20TH STREET W  
BRADENTON, FL 34205 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 P  
Name CHARLES, BYRON O  
Address 2200 38TH AVE W  
City-State-Zip: BRADENTON FL 34205

Title VP  
Name PRESMY, LEBIEN  
Address 6315 4TH ST SO  
City-State-Zip: ST PETE FL 33705

Title S  
Name ST-FLEUR, RONALD  
Address 881 SW 64TH AVE  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title D  
Name JEAN-BAPTISTE, WADESTRANT  
Address 3170 AIMANS DR  
City-State-Zip: FT-PIERCE FL 34946

Title D  
Name EDMOND, RAYMOND  
Address 8109 CITUS HILL CT  
City-State-Zip: BRADENTON FL 32818

Title D  
Name METAYER, CHARLEMAGNE  
Address 731 DATE PALM DR  
City-State-Zip: LAKE PARK FL 33403

*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: CHARLES,BYRON,O**

**PRESIDENT**

**03/04/2015**

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

\_\_\_\_\_  
Date