## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51029

Entity Name: TABERNACLE OF FAITH MINISTRIES, INC.

**Current Principal Place of Business:** 

2821 NW 13TH ST.

POMPANO BEACH, FL 33069

**Current Mailing Address:** 

P.O. BOX 120130

FORT LAUDERDALE. FL 33312

FEI Number: 65-0354463 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, CHARLIE EJR 12120 SW AVENTINO DRIVE PORT ST. LUCIE, FL 34897 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

**FILED** Apr 24, 2018

**Secretary of State** 

CC9702847381

Officer/Director Detail:

Title Title VSD

WILLIAMS, CHARLIE Name WILLIAMS, JANIE Name Address P.O. BOX 120130 Address P.O. BOX 120130

City-State-Zip: FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 City-State-Zip:

Title D Title TD

Name WILLIAMS, KESHA JONES, CAROLYN Name Address 310 MEGAN WAY Address 7733 TRENT DR 202F HAMPTON GA 30228 City-State-Zip: City-State-Zip: TAMARAC FL 33321

Title D

Name WILLIAMS, CHARLIE E 7815 NW 89TH CT. Address

City-State-Zip: OKEECHOBEE FL 34972

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: CHARLIE WILLIAMS

Electronic Signature of Signing Officer/Director Detail

**BISHOP** 

04/24/2018 Date