

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02908

**Entity Name:** TABERNACLE OF GOD CHRISTIAN CHURCH, INC.

**Current Principal Place of Business:**

13302 LYNN RD.  
TAMPA, FL 33625

**FILED**  
**Feb 02, 2017**  
**Secretary of State**  
**CC5191323557**

**Current Mailing Address:**

13302 LYNN RD.  
TAMPA, FL 33625 US

**FEI Number: 20-4293999**

**Certificate of Status Desired: No**

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

SOTOLONGO, ISRAEL J  
15548 LOCUSTBERRY CT  
LAND O LAKES, FL 34638 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            PRESIDENT,DIRECTOR  
Name            SOTOLONGO, ISRAEL J.  
Address        15548 LOCUSTBERRY CT  
City-State-Zip: LAND O LAKES FL 34638

Title            SECRETARY,DIRECTOR  
Name            PARGAS, ARMANDO  
Address        10627 FAIRFIELD VILLAGE DR.  
City-State-Zip: TAMPA FL 33624

Title            VP,DIRECTOR  
Name            SOTOLONGO, MARIA I  
Address        15548 LOCUSTBERRY CT  
City-State-Zip: LAND O LAKES FL 34638

Title            TREASURER,DIRECTOR  
Name            LIMA, ONOFRE  
Address        8824 W BROAD ST  
City-State-Zip: TAMPA FL 33615

Title            ASST. TREASURER,DIRECTOR  
Name            LIMA, GUILLERMO O  
Address        12817 DARBY RIDGE DRIVE  
City-State-Zip: TAMPA FL 33624

*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: GUILLERMO LIMA**

**DIRECTOR**

**02/02/2017**

Electronic Signature of Signing Officer/Director Detail

Date