# DOCUMENT# N04000002850 Entity Name: TABERNACLE COMMUNITY EMPOWERMENT FOUNDATION, INC.

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

615 TUSKEGEE ST TALLAHASSEE, FL 32310

### **Current Mailing Address:**

P O BOX 55 TALLAHASSEE, FL 32302 US

## FEI Number: 55-0869945

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

WALKER, STANLEY LSR 615 TUSKEGEE ST TALLAHASSEE, FL 32310 US FILED Apr 22, 2015 Secretary of State CC3597771836

Certificate of Status Desired: No

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

## **Officer/Director Detail :**

Title	DP	Title	D	
Name	HARRIS, BEN	Name	WALKER, STANLEY LSR	
Address	P O BOX 10264	Address	P O BOX 5982	
City-State-Zip:	TALLAHASSEE FL 32302	City-State-Zip:	TALLAHASSEE FL 32314	
Title	D	Title	DIRECTOR	
Name	ACOFF, EDWARD	Name	HARRIS, CYNTHIA MARIE	
Address	1422 NANCY DRIVE	Address	PO BOX 10264	
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32302	
Title	DIRECTOR			
Name	HARRIS, CYNTHIA MARIE			
Address	PO BOX 10264			
City-State-Zip:	TALLAHASSEE FL 32302			

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: BENJAMIN HARRIS

CHAIRMAN

Date

Electronic Signature of Signing Officer/Director Detail

Date