


# 2016 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|                                                                                                                  |                                                                                   |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N04000002850</b><br>1. Entity Name<br><b>TABERNACLE COMMUNITY EMPOWERMENT<br/>FOUNDATION, INC.</b> |  |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

16 NOV -3 AM 10:16  
 STATE OF FLORIDA  
 TALLAHASSEE

|                                                                            |                                                            |
|----------------------------------------------------------------------------|------------------------------------------------------------|
| Principal Place of Business<br>615 TUSKEGEE ST<br>TALLAHASSEE, FL 32310 US | Mailing Address<br>P O BOX 775<br>TALLAHASSEE, FL 32302 US |
|----------------------------------------------------------------------------|------------------------------------------------------------|



|                                                                       |                                           |
|-----------------------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|-----------------------------------------------------------------------|-------------------------------------------|

11032016 REIN-NP CR2E099 (12/11)

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>55-0869945 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                         |                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>WALKER, STANLEY L SR<br>615 TUSKEGEE ST<br>TALLAHASSEE, FL 32310 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;">                     FL Zip Code                 </div> |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Stanley L Walker* (NOTE: Registered Agent signature required when reinstating) DATE: 11/3/16

**FILE NOW!!! FEE IS \$236.25**  
 After January 1, 2017, Fee will be \$297.50

Make check payable to  
 Florida Department of State

| 10. OFFICERS AND DIRECTORS |                       | Delete                              |
|----------------------------|-----------------------|-------------------------------------|
| TITLE                      | DP                    | <input type="checkbox"/>            |
| NAME                       | HARRIS, BEN           |                                     |
| STREET ADDRESS             | P O BOX 5982          |                                     |
| CITY-ST-ZIP                | TALLAHASSEE, FL 32314 |                                     |
| TITLE                      | D                     | <input type="checkbox"/>            |
| NAME                       | WALKER, STANLEY L SR  |                                     |
| STREET ADDRESS             | P O BOX 5982          |                                     |
| CITY-ST-ZIP                | TALLAHASSEE, FL 32314 |                                     |
| TITLE                      | D                     | <input checked="" type="checkbox"/> |
| NAME                       | HILL, MARSHA          |                                     |
| STREET ADDRESS             | P.O. BOX 5982         |                                     |
| CITY-ST-ZIP                | TALLAHASSEE, FL 32314 |                                     |
| TITLE                      | D                     | <input type="checkbox"/>            |
| NAME                       | ACOFF, EDWARD         |                                     |
| STREET ADDRESS             | 1422 NANCY DRIVE      |                                     |
| CITY-ST-ZIP                | TALLAHASSEE, FL 32301 |                                     |
| TITLE                      | D                     | <input checked="" type="checkbox"/> |
| NAME                       | RYAN-HARRIS, CYNTHIA  |                                     |
| STREET ADDRESS             | PO BOX 10264          |                                     |
| CITY-ST-ZIP                | TALLAHASSEE, FL 32302 |                                     |
| TITLE                      |                       | <input type="checkbox"/>            |
| NAME                       |                       |                                     |
| STREET ADDRESS             |                       |                                     |
| CITY-ST-ZIP                |                       |                                     |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                               | Change                              | Addition                            |
|-------------------------------------------------------|-------------------------------|-------------------------------------|-------------------------------------|
| TITLE                                                 | DP                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| NAME                                                  | HARRIS, BEN                   |                                     |                                     |
| STREET ADDRESS                                        | P O BOX 5982                  |                                     |                                     |
| CITY-ST-ZIP                                           | TALLAHASSEE, FL 32302         |                                     |                                     |
| TITLE                                                 | D                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| NAME                                                  | ROBERT KEANON                 |                                     |                                     |
| STREET ADDRESS                                        | 630 W. BREVARD ST             |                                     |                                     |
| CITY-ST-ZIP                                           | TALLAHASSEE, FL 32303         |                                     |                                     |
| TITLE                                                 | D                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| NAME                                                  | GLORIA ANDERSON               |                                     |                                     |
| STREET ADDRESS                                        | PO BOX 10264                  |                                     |                                     |
| CITY-ST-ZIP                                           | TALLAHASSEE, FL 32302         |                                     |                                     |
| TITLE                                                 |                               | <input type="checkbox"/>            | <input type="checkbox"/>            |
| NAME                                                  | <b>REINSTATEMENT</b>          |                                     |                                     |
| STREET ADDRESS                                        | - 2016                        |                                     |                                     |
| CITY-ST-ZIP                                           | 000291948420                  |                                     |                                     |
|                                                       | 11/03/16--01006--015 **236.25 |                                     |                                     |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stanley L Walker* Date: 11/03/16 E-MAIL ADDRESS: NOV 3 2015

M WILLIAMS