

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002850

**FILED**  
**Jan 18, 2020**  
**Secretary of State**  
**1906408309CC**

**Entity Name:** TABERNACLE COMMUNITY EMPOWERMENT FOUNDATION, INC.

**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**

**Certificate of Status Desired: Yes**

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

JAMES, LORRAINE  
615 TUSKEGEE ST  
TALLAHASSEE, FL 32310 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: LORRAINE JAMES**

**01/18/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name HARRIS, BEN  
Address P.O.BOX 10264  
City-State-Zip: TALLAHASSEE FL 32302

Title D  
Name WALKER, STANLEY L SR  
Address P O BOX 5982  
City-State-Zip: TALLAHASSEE FL 32314

Title D  
Name KEANON, ROBERT  
Address 630 W BREVARD ST  
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR  
Name WILLIAMS, COSTELL D  
Address 3326 DARTMOUTH DRIVE  
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR  
Name SMITH, CARLETTE  
Address 5990 SMITHVILLE LANE  
City-State-Zip: TALLAHASSEE FL 32309

Title DP  
Name JAMES, LORRAINE  
Address 1010 WINFIELD FOREST DRIVE  
City-State-Zip: TALLAHASSEE FL 32317

*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: LORRAINE JAMES**

**DP**

**01/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date