### 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400002850

Entity Name: TABERNACLE COMMUNITY EMPOWERMENT FOUNDATION,

INC.

Jan 03, 2023 Secretary of State 5250146652CC

**FILED** 

### **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 01/03/2023

Electronic Signature of Registered Agent Date

# Officer/Director Detail:

Title DIRECTOR Title D

Name HARRIS, BEN Name WALKER, STANLEY L SR

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

NameKEANON, ROBERTNameWILLIAMS, COSTELL DAddress630 W BREVARD STAddress3326 DARTMOUTH DRIVECity-State-Zip:TALLAHASSEE FL 32303City-State-Zip:TALLAHASSEE FL 32317

Title DIRECTOR Title DP

Name SMITH, CARLETTE Name JAMES, LORRAINE

Address 5990 SMITHVILLE LANE Address 1010 WINFIELD FOREST DRIVE

City-State-Zip: TALLAHASSEE FL 32309 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.

DP

SIGNATURE: LORRAINE JAMES

Electronic Signature of Signing Officer/Director Detail

01/03/2023