

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002850

FILED  
Sep 15, 2009  
Secretary of State

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

**Current Principal Place of Business:**

615 TUSKEGEE ST  
TALLAHASSEE, FL 32310 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 5982  
TALLAHASSEE, FL 32314 US

**New Mailing Address:**

**FEI Number:** 55-0869945      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WALKER, STANLEY L SR  
615 TUSKEGEE ST  
TALLAHASSEE, FL 32310 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HARRIS, BEN  
Address: P O BOX 5982  
City-St-Zip: TALLAHASSEE, FL 32314 US

Title: D ( ) Delete  
Name: WALKER, STANLEY L SR  
Address: P O BOX 5982  
City-St-Zip: TALLAHASSEE, FL 32314 US

Title: D ( ) Delete  
Name: HUGHES, MILDRED J  
Address: P.O. BOX 5572  
City-St-Zip: TALLAHASSEE, FL 32314 US

Title: D ( ) Delete  
Name: ACOFF, EDWARD  
Address: 1422 NANCY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D ( ) Delete  
Name: ANDERSON, GLORIA  
Address: P.O. BOX 5412  
City-St-Zip: TALLAHASSEE, FL 32314 US

Title: D ( ) Delete  
Name: BAKER, SHERRI  
Address: 2225 POTTS DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HILL, MARSHA  
Address: P.O. BOX 5982  
City-St-Zip: TALLAHASSEE, FL 32314 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LEON, HELEN  
Address: P.O. BOX 5982  
City-St-Zip: TALLAHASSEE, FL 32314 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BEN HARRIS

PD

09/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date