

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000010575

**FILED**  
**Feb 10, 2017**  
**Secretary of State**  
**CC3003156354**

**Entity Name:** TABERNACLE OF PRAISE AND WORSHIP HELPING HANDS  
MINISTRIES, INTERNATIONAL TOPAW: ANGLES ON A MISSION, INC.

**Current Principal Place of Business:**

3844 CR 230  
WILDWOOD, FL 34785

**Current Mailing Address:**

3844 CR 230  
WILDWOOD, FL 34785 US

**FEI Number: 26-1419962**

**Certificate of Status Desired: No**

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

GUASTELLA, CONJAILA  
3844 CR 230  
WILDWOOD, FL 34785 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GUASTELLA, CONJAILA  
Address 3844 CR 230  
City-State-Zip: WILDWOOD FL 34785

Title S  
Name FORBES, CHRISTINE  
Address 2201 BAHAMA DRIVE  
City-State-Zip: MIRAMAR FL 33414

Title T  
Name WILLIAMS, GRACE A  
Address 21 WESTMINISTER STREET  
City-State-Zip: HARTFORD CT 06112

Title V  
Name PALMER, GEORGIA  
Address 2028 SHOMA DRIVE  
City-State-Zip: ROYAL PALM FL 33414

*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: CONJAILA GUASTELLA**

**PRESIDENT**

**02/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date