2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004358

4358 Secretary of State

Entity Name: TABERNACLE OF HIS PRESENCE INC

Current Principal Place of Business: New Principal Place of Business: 1890 NE CHURCH ST JENSEN BEACH, FL 34957 **Current Mailing Address: New Mailing Address:** 1870 NE CHURCH ST JENSEN BEACH, FL 34957 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANDSBERG, GARY G 1870 NE CHÚRCH ST JENSEN BEACH, FL 34957 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LANDSBERG, GARY G Name: Name: 1870 NE CHURCH ST Address: Address: City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: Title: () Delete Title: () Change () Addition Name: COPPOLA, RICHARD A Name: Address: 2057 SW LEAFY RD Address: City-St-Zip: PORT ST LUCIE, FL 34953 City-St-Zip: Title: SEC () Delete Title: () Change () Addition LANDSBERG, MARY E Name: Name: 1870 NE CHURCH ST Address: Address: City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: Title: **TRES** () Delete Title: () Change () Addition Name: COPPOLA, CHRISTINA Name: Address: 2057 SW LEAFY RD Address: City-St-Zip: PORT ST LUCIE, FL 34953 City-St-Zip: Title: () Delete Title: VΡ () Change (X) Addition PACKER, JAMES M Name: Name: Address: Address: 342 NE JULIA CT City-St-Zip: City-St-Zip: JENSEN BEACH, FL 34957

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: GARY G. LANDSBERG VP 02/28/2009

FILED Feb 28, 2009