

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# N08000005972

Entity Name: TABERNACLE OF HOPE WORSHIP CENTER, INC.

**Current Principal Place of Business:**

515 DOMARIS AVENUE  
LAKE WALES, FL 33853 US

**New Principal Place of Business:**

**Current Mailing Address:**

515 DOMARIS AVENUE  
LAKE WALES, FL 33853 US

**New Mailing Address:**

FEI Number: 30-0406826      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

HALL, FRANTERIA  
515 DOMARIS AVENUE  
LAKE WALES, FL 33853 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: P ( ) Delete  
Name: HALL, MURRAY III  
Address: 515 DOMARIS AVENUE  
City-St-Zip: LAKE WALES, FL 338523 US

Title: VP ( ) Delete  
Name: HALL, FRANTERIA  
Address: 515 DOMARIS AVENUE  
City-St-Zip: LAKE WALES, FL 33853 US

Title: SEC ( ) Delete  
Name: JONES, ANNIE  
Address: 9116 REGENTS PARK DRIVE  
City-St-Zip: TAMPA, FL 33647 US

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

Title: P (X) Change ( ) Addition  
Name: HALL, MURRAY III  
Address: 9116 REGENTS PARK DRIVE  
City-St-Zip: TAMPA, FL 33647 US

Title: VP (X) Change ( ) Addition  
Name: HALL, FRANTERIA  
Address: 9116 REGENTS PARK DRIVE  
City-St-Zip: TAMPA, FL 33647 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: MURRAY HALL

P.

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date