

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N09000010851

Entity Name: TABERNACLE OF PRAISE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

1325 AVE. M NW
WINTER HAVEN, FL 33881

Current Mailing Address:

1302 33RD STREET NW
WINTER HAVEN, FL 33881 US

FEI Number: 80-0483915

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANGLIN, TAKIERA SHARELLE
504 NORTH 5TH STREET
HAINES CITY, FL 33844 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: TAKIERA ANGLIN

12/18/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name ANGLIN, JONATHAN SR.
Address 995 BATES RD.
City-State-Zip: HAINES CITY FL 33844

Title DS
Name ANGLIN, QUALONDA Q
Address 133 WINCHESTER LANE
City-State-Zip: HAINES CITY FL 33844

Title D
Name MAYA, MARILYN
Address 1121 AVE L
City-State-Zip: HAINES CITY FL 33844

Title DP
Name ANGLIN, JONATHAN JR.
Address 133 WINCHESTER LANE
City-State-Zip: HAINES CITY FL 33844

Title D
Name LISBON , MORRIS
Address 350 24TH ST. NW
103K
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR
Name MYERS , JOHNNY
Address 449 CORAL DR.
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name STREETER, KAREN
Address 525 SAPPHIRE DRIVE
City-State-Zip: DAVENPORT FL 33837

Title VP
Name ANGLIN, MARYE THEORDIS
Address 995 BATES ROAD
City-State-Zip: HAINES CITY FL 33844

Continues on page 2

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: MARYE ANGLIN

VP

12/18/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NELSON, WILSON
Address 1029 CAREFREE COVE
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name ANGLIN, JORDAN LAMAR
Address 504 NORTH 5TH STREET
City-State-Zip: HAINES CITY FL 33844