

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010851

**FILED
Jul 30, 2015
Secretary of State
CC7294883757**

Entity Name: TABERNACLE OF PRAISE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

6032 STATE RD 544
WINTER HAVEN, FL 33881

Current Mailing Address:

995 BATES RD.
HAINES CITY, FL 33844

FEI Number: 80-0483915

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANGLIN, MARYE T
995 BATES RD
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:

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 LEWIS, AUDREY
Address 3124 WOODHILL CRT
City-State-Zip: WINTER HAVEN FL 33881

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 CLEMONS, VALERIE
Address 55 CEDAR ST.
City-State-Zip: HAINES CITY FL 33844

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: QUALONDA ANGLIN

DS

07/30/2015

Electronic Signature of Signing Officer/Director Detail

Date