

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000007684

**Entity Name:** THE TABERNACLE OF GOD INC.

**Current Principal Place of Business:**

2501 SW BAYSHORE BLVD  
PORT ST. LUCIE, FL 34984

**Current Mailing Address:**

542 SW HALIFAX AVE  
PORT ST. LUCIE, FL 34953

**FEI Number:** 47-4830262

**Certificate of Status Desired:** No

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

JOSEPH, BELIZAIRE  
542 SW HALIFAX AVE  
PORT ST. LUCIE, FL 34953 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 PD  
Name JOSEPH, BELIZAIRE  
Address 542 SW HALIFAX AVE  
City-State-Zip: PORT ST. LUCIE FL 34953

Title TREASURER  
Name DYER, JEAN MICHELIN  
Address 5817 NW ESAU AVE  
City-State-Zip: PORT ST. LUCIE FL 34986

Title SECRETARY  
Name PIERRE, SHELLA  
Address 557 SW BAOY AVE  
City-State-Zip: PORT ST LUCIE FL 34953

Title FINANCE PRESIDENT  
Name PIERRELUS, ELIUS  
Address 10694 S. FEDERAL HWY 1 STE C  
City-State-Zip: PORT ST. LUCIE FL 34952

Title VICE FINANCE PRESIDENT  
Name MERILIEN, PERDIEU  
Address 5893 NW CAROVEL AVE  
City-State-Zip: PORT ST. LUCIE FL 34986

*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:** BELIZAIRE JOSEPH

**PRESIDENT**

**03/07/2022**

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

\_\_\_\_\_  
Date