

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000007684

**FILED**  
**Mar 26, 2018**  
**Secretary of State**  
**CC1174776888**

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

**Current Principal Place of Business:**

10694 S. FEDERAL HWY 1  
PORT ST. LUCIE, FL 34952

**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 T  
Name DYER, JEAN MICHELIN  
Address 1665 SW DAVIS STREET  
City-State-Zip: PORT ST. LUCIE FL 34953

Title CONSELOR  
Name SEMEXANT, MARIE-MIMOSE  
Address 2114 SE BISBEE STREET  
City-State-Zip: PORT ST LUCIE FL 34952

Title FINANCE PRESIDENT  
Name KENOL, NICHOLAS EDY  
Address 10694 S. FEDERAL HWY 1  
City-State-Zip: PORT ST. LUCIE FL 34952

Title TREASURER-ASSISTANT  
Name CLERVOIS, JEAN-ROBERT  
Address 10694 S. FEDERAL HWY 1  
City-State-Zip: PORT ST. LUCIE FL 34952

*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**

**03/26/2018**

Electronic Signature of Signing Officer/Director Detail

Date