I hereby certify that the information indicated on this report or supplemental report is true and accurate and t oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this r		
above, or on an attachment with all other like empowered.	, ,	, , , , , , , , , , , , , , , , , , , ,
SIGNATURE MOSES L BERRY	MINISTER/PASTOR	07/09/2018

SIGNATURE: MOSES L BERRY

I

Electronic Signature of Signing Officer/Director Detail

SIGNATURE	: MOSES L BERRY			07/09/2018
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PD, MINISTER/PASTOR	Title	STD	
Name	BERRY, MOSES L MINISTER	Name	BERRY, VERONICA C	
Address	1316 TEMPLE CIRCLE	Address	1316 TEMPLE CIRCLE	
City-State-Zip:	HAINES CITY FL 33844	City-State-Zip:	HAINES CITY FL 33844	
Title	D			
Name	BERRY, RUBY M			
Address	2409 PRYOR AVENUE			
City-State-Zip:	HAINES CITY FL 33844			

## **FEI Number: APPLIED FOR**

### Name and Address of Current Registered Agent:

BERRY, MOSES L 1316 TEMPLE CIRCLE 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.

# DOCUMENT# N1600002795

Entity Name: TABERNACLE OUTREACH MINISTRIES, INC.

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### **Current Principal Place of Business:**

1316 TEMPLE CIRCLE HAINES CITY, FL 33844

### **Current Mailing Address:**

**1316 TEMPLE CIRCLE** HAINES CITY, FL 33844

Certificate of Status Desired: Yes

FILED Jul 09, 2018 Secretary of State CC4359619703

Date

**MINISTER/PASTOR**