


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N48620 1. Entity Name TABERNACLE AFRICAN UNIVERSAL CHURCH, INC.	
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Principal Place of Business 3531 OLD KINGS RD JACKSONVILLE, FL 32254 US	Mailing Address P.O. BOX 40583 JACKSONVILLE, FL 32202 US
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DO NOT WRITE IN THIS SPACE



04102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3091878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, MARSHAL D
 233 EAST BAY ST
 STE 620
 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

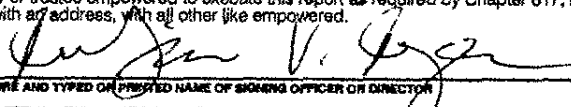
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEYES, KUBINI V. 2939 WEST FOURTH ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEYES, PAULINE 4651 FREDERICKSBURG AVE. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEWSOME, ANTHONY 8711 NEWTON RD JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NELSON, JAMES 446 BELFORT ST. JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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1100700138592
04/29/04-80086-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/28/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #