


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # N48620
 1. Entity Name
TABERNAACLE AFRICAN UNIVERSAL CHURCH, INC.



Principal Place of Business Mailing Address
 3531 OLD KINGS RD P.O. BOX 40583
 JACKSONVILLE, FL 32254 US JACKSONVILLE, FL 32202 US



01132007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3091878 Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/29/07-80068-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Kubini V. Keyes* Kubini V. Keyes 1/22/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #