


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N48620

1. Entity Name
TABERNACLE 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

DO NOT WRITE IN THIS SPACE



04202008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 59-3091878 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KEYES, KUBINI V.
STREET ADDRESS	2939 WEST FOURTH ST.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	KEYES, PAULINE
STREET ADDRESS	4651 FREDERICKSBURG AVE.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	NEWSOME, ANTHONY
STREET ADDRESS	8711 NEWTON RD
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/13/08-80037-016 61.25

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** 4/21/08 904-693-0488

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