

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48620

**FILED**  
**Feb 21, 2017**  
**Secretary of State**  
**CC2957998369**

**Entity Name:** TABERNACLE AFRICAN UNIVERSAL CHURCH, INC.

**Current Principal Place of Business:**

3531 OLD KINGS RD  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

P.O. BOX 40583  
JACKSONVILLE, FL 32202 US

**FEI Number: 59-3091878**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DAVIS, MARSHAL D  
233 EAST BAY ST  
STE 620  
JACKSONVILLE, FL 32202 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 D  
Name KEYES, KUBINI V  
Address 10006 ROSEWOOD GLEN LANE  
City-State-Zip: JACKSONVILLE FL 32219

Title D  
Name KEYES, PAULINE  
Address 4651 FREDERICKSBURG AVE.  
City-State-Zip: JACKSONVILLE FL 32208

Title D  
Name WALKER, DONNIE  
Address 230 EAST 1ST STREET  
City-State-Zip: JACKSONVILLE FL 32206

*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: KUBINI KEYES**

**CHAIRMAN/DIRECTOR**

**02/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date