


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000000110
1. Entity Name
TABERNACLE OF PRAISE AND JOY INC.



Principal Place of Business
**1507 MLK AVE
WAUCHULA, FL 33873**

Mailing Address
**P O BOX 102
WAUCHULA, FL 33873**

DO NOT WRITE IN THIS SPACE



04242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
36-4213603 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CARPENTER, DELOIS
841 CHAMBERLIN
WAUCHULA, FL 33873**

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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 reinstating) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EVERETT, LUCIOUS A
STREET ADDRESS	252 AIRPORT RE
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	V
NAME	ST EVERETT, DENISE
STREET ADDRESS	252 AIRPORT RE
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	S
NAME	LINDSEY, NAOMI
STREET ADDRESS	P O BOX 312
CITY-ST-ZIP	BOWLING GREEN, FL 33834
TITLE	C
NAME	RIVERS, CHARLIE M
STREET ADDRESS	P O BOX 1987
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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05/09/06-80007-008.70.00

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: Lucious A. Everett 4-20-06 863-781-6679

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