## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 18, 2005 8:00 am Secretary of State DOCUMENT # N98000007121 02-18-2005 90050 035 \*\*\*\*61.25 TABERNACLE OF THE MOST HIGH INC. Principal Place of Business Mailing Address 7198 NW 48 CT LAUDERHILL FL 33319 7198 NW 48 CT LAUDERHILL FL 33319 50017216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 65-0881135 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAUL, DEBORAH 6650 LANDINGS DR 108 LAUDERHILL FL 33319 Court 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11 10. ☐ Change ☐ Addition Detete TITLE PAUL, EMANUEL NAME NAME 7198 NW 48 COURT STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33319 CITY-ST-ZIP CITY-ST-7IP VTD ☐ Addition ☐ Delete TITLE THT1 F PAUL, DEBORAH NAME 7198 NW 48 COURT STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33319 CITY-ST-ZIP CITY-ST-7IP IIILESEC. Shaneshia Charlton & Change \_ Addition SD ☐ Delete CHARLTON, SHANESHIA NAME 5075 N.W. 36 STREET NAME STREET ADDRESS 5055 NW 36TH ST. STREET ADDRESS lauderdalelakes, Fl. 33319 LAUDERDALE LAKES FL 33319 CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Delete TITLE ☐ Addition DAVIS, DAISY NAME NAME 505 W ERANSTON CIRCLE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 addless, with all other like empowered.

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SIGNATURE:

FILED

954-465-1331