## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000007121

FILED Feb 21, 2006 Secretary of State

Entity Name: TABERNACLE OF THE MOST HIGH INC.

Jurrent P	Principal Place	e of Business:	New Principal Place of Business:
7198 NW _AUDERH	48 CT HILL, FL 33319	9	
Current N	Mailing Addre	ss:	New Mailing Address:
7198 NW _AUDERH	48 CT HILL, FL 33319	9	
El Number	r: 65-0881135	FEI Number Applied For (	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	d Address of	Current Registered Agen	t: Name and Address of New Registered Agent:
7198 ŃW	E'BORAH G 48 CT HILL, FL 33319	9 US	
	e named entity te of Florida.	submits this statement for	the purpose of changing its registered office or registered agent, or both,
SIGNATU	JRE:		
	Electro	nic Signature of Registered	I Agent Date
	Electro	9	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
	P ( PAUL, EMANU 7198 NW 48TH	CTORS: ) Delete EL H CT.	
OFFICER Fitle: Name: Address:	P ( PAUL, EMANU 7198 NW 48TH LAUDERHILL, S ( CHARLTON, S 5075 NW 36TH	Delete  Delete  CTORS:  Delete  CTORS:  Delete  CTORS:  Delete  CHANESHIA  CHANESHIA  CHANESHIA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address:
DFFICER  Title:  lame:  laddress:  City-St-Zip:  Title:  lame:  laddress:	P ( PAUL, EMANU 7198 NW 48TH LAUDERHILL, S ( CHARLTON, S 5075 NW 36TH LAUDERDALE T ( DAVIS, DAISY 505 W ERANS	Delete	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:
DFFICER Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress: Nddress:	P ( PAUL, EMANU 7198 NW 48TH LAUDERHILL, S ( CHARLTON, S 5075 NW 36TH LAUDERDALE T ( DAVIS, DAISY 505 W ERANS FORT LAUDER	Delete	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EMANUEL PAUL P 02/21/2006