## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2004 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP  TITLE TD NAME ASH, BRENDA B STREET ADDRESS CITY-ST-ZIP APALACHICOLA, FL 32320  TITLE STREET ADDRESS CITY-ST-ZIP  NAME ASH, BRENDA B STREET ADDRESS CITY-ST-ZIP APALACHICOLA, FL 32320  TITLE SD  RAY-HUTCHINSON, TAMMIE L STREET ADDRESS CITY-ST-ZIP APALACHICOLA, FL 32320  STREET ADDRESS CITY-ST-ZIP NAME RAY-HUTCHINSON, TAMMIE L STREET ADDRESS CITY-ST-ZIP APALACHICOLA, FL 32320  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP APALACHICOLA, FL 32320  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  CHANGE STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP	DOCUMENT # N0100000  1. Entity Name TABERNACLE BY THE SEA, INC.	<i>i_tu</i>			2004 90341 021 ****61.25	
Suite, Apt. #, etc.  O1052004 Chg-NP CR2E037 (10/03)  ### Applied  ### Applied  ### Applied  ### Sp. 3613786    Applied  ### Sp. 3613786   Applied  ### Sp. 361378	158-12TH ST-FREDANCE TO 1.841 W. FAPALACHICOLA, FL-32320 W. FL-32200 W. FL-322	C/O TAMI RAY-HUTCHINSON / 249-14TH ST	egit 1 million of the second o	1 210 1 to 100 1 1 2	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Applied State County State State County State State Status Desired S9-3613786 Set State Space Sp	219 16th Street	treet		01052004 Cha-NP	CR2E037 (10/03)	
Second   S	Alva State Apa lachicola, FL	City & State		4. FEI Number	Applied	
KELLOGG, MAXINE 162-12TH ST. APALACHICOLA, FL 32320  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Fiorida. I am familiar with, and a the obligations of registered agent.  SIGNATURE  SIGN	32320 Franklin		untry		esired	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and a the obligations of registered agent.  SIGNATURE  Make Lougy Make Kellogg  Make Check payable to Fibrida Feo is \$61.25  Signature types or printed name of registered agent and of registered agent, or both, in the State of Fiorida. I am familiar with, and a the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and a the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and a the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and a the obligations of registered agent, or both, in the State of Fiorida Department of State of Fiorida Department agent agen	KELLOGG, MAXINE 162-12TH ST.	Registered Agent	Street Address (I		ceptable)	
10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE PD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP APALACHICOLA, FL 32320  TITLE TD Delete TITLE STREET ADDRESS CITY-ST-ZIP APALACHICOLA, FL 32320  TITLE SD Delete TITLE SD Delete TITLE NAME RAY-HUTCHINSON, TAMMIE L STREET ADDRESS CITY-ST-ZIP APALACHICOLA, FL 32320  TITLE D Delete TITLE STREET ADDRESS CITY-ST-ZIP APALACHICOLA, FL 32320  TITLE SD Delete TITLE STREET ADDRESS CITY-ST-ZIP APALACHICOLA, FL 32320  TITLE SD Delete TITLE CHange NAME STREET ADDRESS CITY-ST-ZIP APALACHICOLA, FL 32320  TITLE D Delete TITLE STREET ADDRESS CITY-ST-ZIP APALACHICOLA, FL 32320  TITLE D Change Chan	SIGNATURE MAKE Signature, typed or printed name of registered ager	Maxine Maxine More Register  W. 9. Election Campaign	Kellog ed Agent signature required	Swhen reinstating) \$5.00 May Be	Make check payable to	· · · · · · · · · · · · · · · · · · ·
TITLE TD Delete THTLE ASH, BRENDA B STREET ADDRESS CITY-ST-ZIP APALACHICOLA, FL 32320  TITLE SD Delete TITLE NAME RAY-HUTCHINSON, TAMMIE L STREET ADDRESS CITY-ST-ZIP APALACHICOLA, FL 32320  TITLE D Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE D Delete TITLE NAME NAME NAME NAME NAME NAME NAME NAM	10. OFFICERS AND D  TITLE, PD  NAME SOLOMON, HORACE L JR.  STREET ADDRESS 158-12TH ST.	☐ Delete TITI NAM STR	LE ME REET ADDRESS	ADDITIONS/CHANGES TO		Addition
NAME         RAY-HUTCHINSON, TAMMIE L         NAME           STREET ADDRESS         158-12TH ST.         STREET ADDRESS           CITY-ST-ZIP         APALACHICOLA, FL 32320         CITY-ST-ZIP           TITLE         D         Delete         TITLE           NAME         WYLES, ESSIE M         NAME	TITLE TD NAME ASH, BRENDA B STREET ADDRESS 158-12TH ST.	. NAJ	ME REET ADORESS		☐ Change ☐	Addition
NAME WYLES, ESSIE M NAME	NAME RAY-HUTCHINSON, TAMMIE I STREET ADDRESS 158-12TH ST.	NAP STR	ME REET ADDRESS		☐ Change ☐	Addition
CITY-ST-ZIP APALACHICOLA, FL 32320 CITY-ST-ZIP	NAME WYLES, ESSIE M STREET ADDRESS 158-12TH ST.	NAM STP	me Reet address		☐ Change ☐	Addition
TITLE D Delete TITLE NAME ROBINSON, KATHERINE STREET ADDRESS CITY-ST-ZIP APALACHICOLA, FL 32320 Delete TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP	NAME ROBINSON, KATHERINE STREET ADDRESS 158-12TH ST.	NAM STF	me Reet address		Change	Addition
NAME LANE, PATRICIA NAME STREET ADDRESS 158-12TH ST. STREET ADDRESS CITY-ST-ZIP APALACHICOLA, FL 32320 CITY-ST-ZIP	NAME LANE, PATRICIA STREET ADDRESS 158-12TH ST. CITY-ST-ZIP APALACHICOLA, FL 32320	NAI STR CIT	ME REET ADDRESS Y-ST-ZIP			Addition
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 inform 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 did 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 Bloc changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  Report of 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 Bloc changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  Report of 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 Bloc changed, or on an attachment with an address, with all other like empowered.	indicated on this report or supplemental report	is true and accurate and that my signs	ature shall have the	same legal effect as if made	e under nath: that I am an officer or c	director