

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003570

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: TABERNACLE BY THE SEA, INC.

**Current Principal Place of Business:**

219 16TH STREET  
APALACHICOLA, FL 32320

**New Principal Place of Business:**

**Current Mailing Address:**

C/O TAMI RAY-HUTCHINSON  
249-14TH ST.  
APALACHICOLA, FL 32320

**New Mailing Address:**

FEI Number: 59-3613786      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KELLOGG, MAXINE  
162-12TH ST.  
APALACHICOLA, FL 32320      US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SOLOMON, HORACE L JR.  
Address: 219 16TH ST  
City-St-Zip: APALACHICOLA, FL 32320

Title: TD ( ) Delete  
Name: ASH, BRENDA B  
Address: 219 16TH ST  
City-St-Zip: APALACHICOLA, FL 32320

Title: SD ( ) Delete  
Name: RAY-HUTCHINSON, TAMMIE L  
Address: 219 16TH ST  
City-St-Zip: APALACHICOLA, FL 32320

Title: D ( ) Delete  
Name: WYLES, ESSIE M  
Address: 219 16TH ST  
City-St-Zip: APALACHICOLA, FL 32320

Title: D ( ) Delete  
Name: ROBINSON, KATHERINE  
Address: 219 16TH ST  
City-St-Zip: APALACHICOLA, FL 32320

Title: D ( ) Delete  
Name: LANE, PATRICIA  
Address: 219 16TH ST  
City-St-Zip: APALACHICOLA, FL 32320

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: TAMMIE L. RAY-HUTCHINSON

S

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date