

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003570

**Entity Name:** TABERNACLE BY THE SEA, INC.

**Current Principal Place of Business:**

219 16TH STREET  
APALACHICOLA, FL 32320

**Current Mailing Address:**

C/O TAMI RAY-HUTCHINSON  
249 JACOBIE O'NEAL LANE  
APALACHICOLA, FL 32320

**FEI Number:** 59-3613786

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

Title PD  
Name SOLOMON, HORACE LJR.  
Address 219 16TH ST  
City-State-Zip: APALACHICOLA FL 32320

Title TD  
Name SEWELL, NANCY L  
Address 219 16TH STREET  
City-State-Zip: APALACHICOLA FL 32320

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

Title D  
Name LANE, PATRICIA  
Address 219 16TH ST  
City-State-Zip: APALACHICOLA FL 32320

*I hereby 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 all other like empowered.*

**SIGNATURE:** TAMMIE RAY-HUTCHINSON

**SECRETARY**

**02/27/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date