FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 16 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717884 (1)

1. Corporation Name
THE TABERNACLE CHURCH OF MELBOURNE, INC.

Principal Place of Business	Mailing Address
1619 FERNDALE AVE MELBOURNE FL 32935	1619 FERNDALE AVE MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1970
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1170987 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

REED, SAUNDRA T
1619 FERNDALE AVE
MELBOURNE 32935

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	T	☐ Change ☒ Addition
NAME	WATSON, BROOKS	1.2 NAME	Saundra T. Reed	
STREET ADDRESS	1697 WILLARD RD, NW	1.3 STREET ADDRESS	1611 Emmaus Road, N.W.	
CITY-ST-ZIP	PALM BAY FL 32907	1.4 CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	D	2.1 TITLE	D	☐ Change ☒ Addition
NAME	GOODRICH, CHARLES	2.2 NAME	Robert Deacop	
STREET ADDRESS	1804 PINE ST	2.3 STREET ADDRESS	1525 Masters Road, N.W.	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	2.4 CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	S	3.1 TITLE	D	☐ Change ☒ Addition
NAME	RANZINO, MARION D	3.2 NAME	Allen Reed	
STREET ADDRESS	8735 SHERIDAN RD	3.3 STREET ADDRESS	1611 Emmaus Road, N.W.	
CITY-ST-ZIP	W MELBOURNE FL 32904	3.4 CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	BUCKINGHAM, BRUCE	4.2 NAME	Robert A. McCarthy	
STREET ADDRESS	3901 HIELD RD NW	4.3 STREET ADDRESS	331 Cherry Drive	
CITY-ST-ZIP	PALM BAY FL 32907	4.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE	PD	5.1 TITLE	D	☐ Change ☒ Addition
NAME	THOMPSON, MICHAEL W.	5.2 NAME	Dean Norris	
STREET ADDRESS	1512 CLOVER CIRCLE	5.3 STREET ADDRESS	5680 Live Oak Avenue	
CITY-ST-ZIP	MELBOURNE FL 32935	5.4 CITY-ST-ZIP	W. Melbourne, FL 32904	
TITLE	VD	6.1 TITLE	D	☐ Change ☒ Addition
NAME	LEES, DONALD	6.2 NAME	Ralph Mull	
STREET ADDRESS	745 GREENWOOD MANOR CIRCLE	6.3 STREET ADDRESS	461 Krefeld Road, N.W.	
CITY-ST-ZIP	W MELBOURNE FL 32904	6.4 CITY-ST-ZIP	Palm Bay, FL 32907	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Saundra T. Reed Saundra T. Reed 3/9/1995 407-259-2024
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

00010010