2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 16, 2004 8:00 am Secretary of State **DOCUMENT #717884** 02-16-2004 90041 003 ****70.00 THE TABERNACLE CHURCH OF MELBOURNE, INC. Principal Place of Business Mailing Address 24010948 1619 FERNDALE AVE 1619 FERNDALE AVE MELBOURNE, FL 32935 MELBOURNE, FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-1170987 City & State Applied For City & State Not Applicable Country \$8.75 Additional Country 5.-Certificate of Status Desired -- / Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WHALEN, JOHN Street Address (P.O. Box Number is Not Acceptable) 1619 FERNDALE AVE MELBOURNE, FL 32935 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete ☐ Addition TITLE TITLE NAME MORRIS, DEAN R NAME 5680 LIVE OAK AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. MELBOURNE, FL 32904 ☐ Delete ☐ Change ■ Addition TITLE NAME WHALEN, JOHN NAME 1713 SUN GAZER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROCKLEDGE, FL 32955 CITY-ST-ZIP Delete Change — 🖃 Addition TITLE LEES, DONALD E NAME NAME STREET ADDRESS 47 MARINA ISLES BLVD STREET ADDRESS CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition JUNG, TAE WON NAME NAME 1275 PEMBERTON TRAIL STREET ADDRESS STREET ADDRESS MALABAR, FL 32950 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete SMOAK, JONATHAN NAME NAME STREET ADDRESS 1989 DAWN DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MELBOURNE, FL 32935 ☐ Oelete TITLE Change | ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 information 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

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FILED