

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717884

FILED  
Feb 22, 2007  
Secretary of State

**Entity Name:** THE TABERNACLE CHURCH OF MELBOURNE, INC.

**Current Principal Place of Business:**

1619 FERNDAL AVE  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

1619 FERNDAL AVE  
MELBOURNE, FL 32935

**New Mailing Address:**

**FEI Number:** 59-1170987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WHALEN, JOHN  
1619 FERNDAL AVE  
MELBOURNE, FL 32935 US

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

SMITH, MICHAEL  
1619 FERNDAL AVE  
MELBOURNE, FL 32935 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: MICHAEL SMITH

02/22/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: SMITH, MICHAEL D  
Address: 1572 BREEZEWOOD LN NW  
City-St-Zip: PALM BAY, FL 32907

Title: PD ( ) Delete  
Name: WATSON, BROOKS  
Address: 1697 WILLARD ROAD NW  
City-St-Zip: PALM BAY, FL 32907

Title: S ( ) Delete  
Name: WALL, JANE  
Address: 2716 MADERIA CIRCLE  
City-St-Zip: MELBOURNE, FL 32935

Title: T ( ) Delete  
Name: WHALEN, JOHN  
Address: 1008 OSPREY DRIVE  
City-St-Zip: MELBOURNE, FL 32940

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

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

Title: S (X) Change ( ) Addition  
Name: WATSON, LAURA  
Address: 1697 WILLARD ROAD NW  
City-St-Zip: PALM BAY, FL 32907

Title: T (X) Change ( ) Addition  
Name: WHALEN, JOHN T  
Address: 1008 OSPREY DRIVE  
City-St-Zip: MELBOURNE, FL 32940

Title: D (X) Change ( ) Addition  
Name: WATSON, BROOKS  
Address: 1697 WILLARD ROAD NW  
City-St-Zip: PALM BAY, FL 32907

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL SMITH

C

02/22/2007

Electronic Signature of Signing Officer or Director

Date