2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# 717884

Entity Name: THE TABERNACLE CHURCH OF MELBOURNE, INC.

Current Principal Place of Business:

1619 FERNDALE AVE
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

1619 FERNDALE AVE
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-1170987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, MICHAEL
1619 FERNDALE AVE
MELBOURNE, FL 32935 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: C ( ) Delete
Name: SMITH, MICHAEL D
Address: 1572 BREEZEWOOD LN NW
City-St-Zip: PALM BAY, FL 32907

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

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

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

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:

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: MICHAEL SMITH COB 04/24/2009

Electronic Signature of Signing Officer or Director — Date