

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **758403** (0)

1. Corporation Name

TABERNACLE HOUSE, INC.



Principal Place of Business

Mailing Address

**9725 DOOLITTLE RD.
JACKSONVILLE FL 32246**

**9725 DOOLITTLE RD.
JACKSONVILLE FL 32246**

3. Date Incorporated or Qualified
05/19/1981

3a. Date of Last Report
05/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **26** **P.O. Box 19271**

22 City & State

Suite, Apt. #, etc. **27**

23 Zip

Country

28 City & State

Zip

Country

24 **25** **29** **32245** **30**

4. FEI Number

59-2825758

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEAL, KEITH M ESO
101 BARNETT REGENCY TOWER
JACKSONVILLE FL 32211**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **ST** ☐ DELETE
NAME **HALLER, ROBERTA H**
STREET ADDRESS **8720 HARE AVE**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **VD** ☐ DELETE
NAME **WALTON, LYDIA P.**
STREET ADDRESS **9725 DOOLITTLE ROAD**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **PTS** ☐ DELETE
NAME **WALTON, OVID B**
STREET ADDRESS **9725 DOOLITTLE ROAD**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **D** ☒ DELETE
NAME **JONES, GLORIA P**
STREET ADDRESS **1643 WHITMAN ST**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **D** ☒ DELETE
NAME **DOLEN, LINDA**
STREET ADDRESS **1432 LAUDER AVE**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **S** ☐ DELETE
NAME **DEBORAH A. BROWN**
STREET ADDRESS **1986 TIMUCUA TRAIL**
CITY - ST - ZIP **MIDDLEBURG FL 32068**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **T** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE **B BRENDA DORMANN** ☒ Change ☐ Addition
4.2 NAME **8751 RICARDO LN.**
4.3 STREET ADDRESS **JACKSONVILLE FL 32216**
4.4 CITY - ST - ZIP

5.1 TITLE **B BRENDA BAKER** ☒ Change ☐ Addition
5.2 NAME **5340 Santa Rosa Way**
5.3 STREET ADDRESS **JAX FL 32211**
5.4 CITY - ST - ZIP

6.1 TITLE **S** ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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)(k), 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:

V. P. Lydia Walton

2/6/96 **(904)** **7254989**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

Roberta H. Haller **1/1/96** **904-724-2358**

CR2E037 (12/95)