


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 12, 2004 8:00 am**  
**Secretary of State**

08-12-2004 90005 007 \*\*\*\*61.25

|  |   |   |  |  |                                  |
|--|---|---|--|--|----------------------------------|
| <b>DOCUMENT # 758403</b><br>1. Entity Name<br><b>TABERNACLE HOUSE, INC.</b>  |   |   |  |   |                                  |
| Principal Place of Business<br><b>9725 DOOLITTLE RD.<br/>JACKSONVILLE, FL 32246</b>  |   |   | Mailing Address<br><b>9725 DOOLITTLE RD.<br/>JACKSONVILLE, FL 32246 US</b> |  |                                  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |  |  |                                  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |  |                                  |
| City & State   |   | City & State  |  |  |                                  |
| Zip  | Country   | Zip   | Country  |  |                                  |
| 6. Name and Address of Current Registered Agent  |   |   |  | 7. Name and Address of New Registered Agent  |                                  |
| <b>DEAL, KEITH M ESQ<br/>101 BARNETT REGENCY TOWER<br/>JACKSONVILLE, FL 32211</b>  |   |   |  | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |   |  |  |                                  |
| <b>Filing Fee is \$61.25<br/>Due by September 8, 2004</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |                                  |
| Make check payable to<br><b>Florida Department of State</b>  |   |   |  |  |                                  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                      |  |                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T<br/>HALLER, ROBERTA J<br/>8720 HARE AVE<br/>JACKSONVILLE, FL</b> <input checked="" type="checkbox"/> Delete    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <b>BD<br/>SHARON Sellinger<br/>1320 Leighton Cir.<br/>Louisville, Ky. 40222</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                   |                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VD<br/>WALTON, LYDIA P.<br/>9725 DOOLITTLE ROAD<br/>JACKSONVILLE, FL</b> <input type="checkbox"/> Delete         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PTS<br/>WALTON, OVID B<br/>9725 DOOLITTLE ROAD<br/>JACKSONVILLE, FL</b> <input type="checkbox"/> Delete          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>BRIERS, ELSABE<br/>355 MONUMENT RD APT 25A1<br/>JACKSONVILLE, FL 32225</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S<br/>BROWN, DEBORAH A<br/>1986 TIMUCUA TRAIL<br/>MIDDLEBURG, FL</b> <input type="checkbox"/> Delete             |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                  |
| 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. |   |   |  |  |                                  |
| <b>SIGNATURE: Ovid B. Walton P.T.S. OVID B. WALTON 8-9-04-904</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   |  |  |                                  |
|  |   |   |  | Date   | Daytime Phone # <b>725 49 89</b> |

ATTACHMENT # ~~241079744~~  
# 758403  
Check No. was mailed on 5/10-04  
to this office. My bank has not received  
it as of 5-1-04. Please check to see  
if an error was made in the second  
Billing. Payment on ck. No. has been stopped.  
I called your office about this and they  
mailed me the enclosed form.

Thank you kindly  
David B. Walton