

ANNUAL REPORT (AR)

DOCUMENT # 758403

1. Entity Name

TABERNACLE HOUSE, INC.



FILED
Mar 05, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

9725 DOOLITTLE RD.
JACKSONVILLE FL 32246

9725 DOOLITTLE RD.
JACKSONVILLE FL 32246
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2825758

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEAL, KEITH M ESQ
101 BARNETT REGENCY TOWER
JACKSONVILLE FL 32211

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME SELLINGER, SHARON
STREET ADDRESS 1320 LEIGHTON CIR.
CITY- ST- ZIP LOUISVILLE KY 40222

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP 000000656428
03/14/07-80025-003 61.25

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME BRIERS, ELSABE
STREET ADDRESS 355 MONUMENT RD APT 25A1
CITY- ST- ZIP JACKSONVILLE FL 32225

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE S ☐ Delete
NAME BROWN, DEBORAH A
STREET ADDRESS 1986 TIMUCUA TRAIL
CITY- ST- ZIP MIDDLEBURG FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: OVID B. WALTON - Ovid B. Walton 2-28-07 904-7254889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Domestic Phone #