

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758403

FILED
Apr 24, 2009
Secretary of State

Entity Name: TABERNACLE HOUSE, INC.

Current Principal Place of Business:

9725 DOOLITTLE RD.
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

9725 DOOLITTLE RD.
JACKSONVILLE, FL 32246 US

New Mailing Address:

9725 DOOLITTLE RD.
JACKSONVILLE, FL 32246

FEI Number: 59-2825758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAL, KEITH M ESQ
101 BARNETT REGENCY TOWER
JACKSONVILLE, FL 32211 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: D () Delete
Name: SELLINGER, SHARON
Address: 1320 LEIGHTON CIR.
City-St-Zip: LOUISVILLE, KY 40222

Title: VD () Delete
Name: WALTON, LYDIA P.
Address: 9725 DOOLITTLE ROAD
City-St-Zip: JACKSONVILLE, FL 32246

Title: PTS () Delete
Name: WALTON, OVID B
Address: 9725 DOOLITTLE ROAD
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: BRIERS, ELSABE
Address: 355 MONUMENT RD APT 25A
City-St-Zip: JACKSONVILLE, FL 32225

Title: S () Delete
Name: BROWN, DEBORAH A
Address: 1986 TIMUCUA TRAIL
City-St-Zip: MIDDLEBURG, FL

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:

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: LYDIA P WALTON

VD

04/24/2009

Electronic Signature of Signing Officer or Director

Date