

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003553

FILED
Aug 24, 2007
Secretary of State

Entity Name: TABERNACLE ECONOMIC DEVELOPMENT, INC.

Current Principal Place of Business:

1120 WEST SILVER SPRINGS BLVD.
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

1217 NE OSCEOLA AVE.
OCALA, FL 34470

New Mailing Address:

FEI Number: 65-1013516 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BROWN, ROZELLA
1217 NE OSCEOLA AVE.
OCALA, FL 34470 US

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: BROWN, ROZELLA
Address: 1217 NE OSCEOLA AVE.
City-St-Zip: Ocala, FL 34470

Title: P () Delete
Name: BROWN, CHRISTINE
Address: 1822 SW 6TH STREET
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: FRANKLIN, MARK A
Address: 14395 SE 44TH AVE.
City-St-Zip: SUMMERFIELD, FL 34491

Title: SD () Delete
Name: JACKSON, LORETTA F
Address: 6251 SE 36TH AVENUE
City-St-Zip: Ocala, FL 34481

Title: TD () Delete
Name: JACKSON, MARY
Address: 1613 NW 20TH AVE.
City-St-Zip: Ocala, FL 34470

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: LORETTA JACKSON

SD

08/24/2007

Electronic Signature of Signing Officer or Director

Date