

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000010037

1. Entity Name
TABERNACLE OF MEETING INC.



FILED

04 DEC 15 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
300 S. VOLUSIA AVENUE, SUITE 14
14
ORANGE CITY, FL 32763

Mailing Address
300 S. VOLUSIA AVENUE, SUITE 14
14
ORANGE CITY, FL 32763

2. Principal Place of Business
The Fitness Pit
Suite, Apt. #, etc.
Suite E 1802 Doyle Rd.

3. Mailing Address
1266 Swiss Ct.
Suite, Apt. #, etc.

12022004 Chg-NP CR2E037 (10/03)

City & State
Deltona, FL

City & State
DELTONA, FL

4. FEI Number
52-2415385

Applied For
Not Applicable

Zip
32738

Country
USA

Zip
32738

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLSON, HEATHER
300 S. VOLUSIA AVENUE, SUITE 14
14
ORANGE CITY, FL 32763

Name
HEATHER OLSON

Street Address (P.O. Box Number is Not Acceptable)
1266 SWISS CT.

City
DELTONA

FL Zip Code
32738

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

Amended AR is \$61.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	OLSON, HEATHER	
STREET ADDRESS	1266 SWISS COURT	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLSON, CAROLYN	
STREET ADDRESS	1266 SWISS COURT	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELEANOR MORRISSEY	
STREET ADDRESS	1266 GAGE AVENUE	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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12/15/04--01020--005 **\$1.25

12/15

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.

SIGNATURE:

Heather Olson HEATHER OLSON

12-10-04 407-330-9494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #