

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010037

FILED
Jan 05, 2005
Secretary of State

Entity Name: TABERNACLE OF MEETING INC.

Current Principal Place of Business:

THE FITNESS PIT
1802 DOYLE RD., SUITE E
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

1266 SWISS CT
DELTONA, FL 32738

New Mailing Address:

FEI Number: 52-2415385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSON, HEATHER
1266 SWISS CT
DELTONA, FL 32738 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: OLSON, HEATHER
Address: 1266 SWISS COURT
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: OLSON, CAROLYN
Address: 1266 SWISS COURT
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: MORRISSEY, ELEANOR
Address: 1266 GAGE AVENUE
City-St-Zip: DELTONA, FL 32738

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HEATHER OLSON

PRES

01/05/2005

Electronic Signature of Signing Officer or Director

Date