2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010037

Entity Name: TABERNACLE OF MEETING INC.

FILED Jan 19, 2007 Secretary of State

THE FITNESS PIT 3063 ENTERPRISE ROAD

1802 DOYLE RD., SUITE E SUITE 14

DELTONA, FL 32738 DEBARY, FL 32713

Current Mailing Address: New Mailing Address:

1266 SWISS CT
DELTONA, FL 32738
2088 HAMILTON AVENUE
ORANGE CITY, FL 32763

FEI Number: 52-2415385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OLSON, HEATHER

1266 SWISS CT
DELTONA, FL 32738 US

OLSON, HEATHER
2088 HAMILTON AVENUE
ORANGE CITY, FL 32763 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: 01/19/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

 Name:
 OLSON, HEATHER
 Name:
 OLSON, HEATHER

 Address:
 1266 SWISS COURT
 Address:
 2088 HAMILTON AVENUE

 City-St-Zip:
 DELTONA, FL 32738
 City-St-Zip:
 ORANGE CITY, FL 32763

Title: D () Delete Title: D (X) Change () Addition Name: OLSON, CAROLYN Name: OLSON, CAROLYN

Address: 1266 SWISS COURT Address: 2088 HAMILTON AVENUE City-St-Zip: DELTONA, FL 32738 City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete Title: () Change () Addition

 Name:
 MORRISSEY, ELEANOR
 Name:

 Address:
 1266 GAGE AVENUE
 Address:

 City-St-Zip:
 DELTONA, FL 32738
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLYN OLSON D 01/19/2007