


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90116 024 ****61.25

DOCUMENT # N04000000187 1. Entity Name TABERNALE OF TRUTH, INC.					
Principal Place of Business P.O. BOX 5113 DELTONA, FL 32728 US			Mailing Address P.O. BOX 5113 DELTONA, FL 32728 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1455654	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUCKLAND, JAMES K JR. 100 HILLCREST DRIVE LONGWOOD, FL 32779			7. Name and Address of New Registered Agent Name Buckland James K. Sr. Street Address (P.O. Box Number is Not Acceptable) 910 S. VOLUSIA AVE. Apt. 16 City Orange City FL Zip Code 32743		
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 <u><i>James K. Buckland Jr.</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>02/20/2006</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P/T NAME STREET ADDRESS CITY - ST - ZIP	P BUCKLAND, JAMES K SR. 910 SOUTH VOLUSIA AVE., APT. 16 ORANGE CITY, FL 32763	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BUCKLAND, JAMES K JR. 100 HILLCREST DRIVE LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	TITLE S/O NAME STREET ADDRESS CITY - ST - ZIP	Secretary Marysol Carrera 608 Firwood Dr. Deltona, FL 32725 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V/T NAME STREET ADDRESS CITY - ST - ZIP	VT BUCKLAND, PATRICIA A 910 S. VOLUSIA AVE. APT. 16 ORANGE CITY, FL 32763	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>James K. Buckland Jr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>02/20/2006</u> 321-948-1941 <small>Daytime Phone #</small>	