2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004611

Entity Name: TABERNACLE BIBLE COLLEGE, INC.

FILED Apr 13, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11212 ST ANDREWS CT 3906 RYALWOOD CT. RIVERVIEW, FL 33569 VALRICO, FL 33594

Current Mailing Address: New Mailing Address:

PO BOX 89485 TAMPA, FL 33689

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

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

LANGSTON, LAWRENCE DR.

11212 ST ANDREWS CT
RIVERVIEW, FL 33569 US

LANGSTON, LAWRENCE DR.
P.O. BOX 89485
TAMPA, FL 33689 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: DR. LAWRENCE LANGSTON 04/13/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:DP () DeleteTitle:DP (X) Change () AdditionName:LANGSTON, LAWRENCE DR.Name:LANGSTON, LAWRENCE DR.Address:11212 ST ANDREWS CTAddress:P.O. BOX 89485

City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: TAMPA, FL 33689

Title: DV () Delete Title: DV (X) Change () Addition Name: LANGSTON, LANA DR. Name: LANGSTON, LANA DR.

 Address:
 11212 ST ANDREWS CT
 Address:
 P.O. BOX 89485

 City-St-Zip:
 RIVERVIEW, FL 33569
 City-St-Zip:
 TAMPA, FL 33689

Title: DS () Delete Title: () Change () Addition Name: SUGGS, ROGER REV. Name:

 Name:
 SUGGS, ROGER REV.
 Name:

 Address:
 1712 FLOUNDER LN
 Address:

 City-St-Zip:
 RIVERVIEW, FL 33569
 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: DR. LAWRENCE LANGSTON D/PR 04/13/2005