

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004611

FILED
Apr 17, 2006
Secretary of State

Entity Name: TABERNACLE BIBLE COLLEGE, INC.

Current Principal Place of Business:

3906 RYALWOOD CT.
VALRICO, FL 33594

New Principal Place of Business:

10511 MAIN STREET
THONOTOSASSA, FL 33592

Current Mailing Address:

PO BOX 89485
TAMPA, FL 33689

New Mailing Address:

FEI Number: 59-3803497 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANGSTON, LAWRENCE DR.
P.O. BOX 89485
TAMPA, FL 33689 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: DP () Delete
Name: LANGSTON, LAWRENCE DR.
Address: P.O. BOX 89485
City-St-Zip: TAMPA, FL 33689

Title: DV () Delete
Name: LANGSTON, LANA DR.
Address: P.O. BOX 89485
City-St-Zip: TAMPA, FL 33689

Title: DS () Delete
Name: SUGGS, ROGER REV.
Address: 1712 FLOUNDER LN
City-St-Zip: RIVERVIEW, FL 33569

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: DT () Change (X) Addition
Name: SMITH, DON DR.
Address: 4157 FAWN DR.
City-St-Zip: PLANT CITY, FL 33567

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: DR. LAWRENCE LANGSTON

DP

04/17/2006

Electronic Signature of Signing Officer or Director

_____ Date