

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004611

FILED  
Apr 26, 2008  
Secretary of State

Entity Name: TABERNACLE BIBLE COLLEGE, INC.

**Current Principal Place of Business:**

10511 MAIN STREET  
THONOTOSASSA, FL 33592

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 89485  
TAMPA, FL 33689

**New Mailing Address:**

FEI Number: 59-2582524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LANGSTON, LAWRENCE DR.  
3906 RYALWOOD CT  
VALRICO, FL 33594 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: PLANT CITY, FL 33567

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

**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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

PRES

04/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date