


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000000671		
1. Entity Name TABERNACLE OF HIGHER LEARNING CHRISTIAN CENTER, INC.		
Principal Place of Business 1815 2ND AVENUE EAST BRADENTON, FL 34208	Mailing Address 1815 2ND AVENUE EAST BRADENTON, FL 34208	



01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-2040070	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROBINSON, LAYON F II 442 OLD MAIN STREET BRADENTON, FL 34205
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, TEDESII SAMIDA 4277 66 STREET CIRCLE W BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCELROY, GWENDOLYN 620 29TH STREET E PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBINSON, LAYON F II 442 OLD MAIN STREET BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/17/08-80044-010 70.00

**DO NOT WRITE
IN THIS SPACE**

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: *Gwendolyn McElroy* **Secretary** *1/10/08* *941 721-6840x206*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #