2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000671

FILED Mar 21, 2009 Secretary of State

Entity Name: TABERNACLE OF HIGHER LEARNING CHRISTIAN CENTER, INC.

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

1815 2ND AVENUE EAST BRADENTON, FL 34208

Current Mailing Address: New Mailing Address:

1815 2ND AVENUE EAST 1815 2ND AVE EAST

BRADENTON, FL 34208 BRADENTON, FL 34208 US

FEI Number: 34-2040070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ROBINSON, LAYON F II 442 OLD MAIN STREET BRADENTON, FL 34205

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

US

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:D() DeleteTitle:D(X) Change () AdditionName:JOHNSON, TEDESII SAMIDAName:JOHNSON, TEDESII SAMIDAAddress:4277 66 STREET CIRCLE WAddress:6719 45TH TERRACE EASTCity-St-Zip:BRADENTON, FL 34209City-St-Zip:BRADENTON, FL 34203 US

Title: () Delete Title: (X) Change () Addition MCELROY, GWENDOLYN Name: Name: MCELROY, GWENDOLYN Address: 620 29TH STREET E Address: 620 29TH STREET E City-St-Zip: PALMETTO, FL 34221 City-St-Zip: PALMETTO, FL 34221 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 ROBINSON, LÂYON F II
 Name:
 ROBINSON, LÂYON F II

 Address:
 442 OLD MAIN STREET
 442 OLD MAIN STREET

 City-St-Zip:
 BRADENTON, FL 34205
 City-St-Zip:
 BRADENTON, FL 34205 US

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: TEDESII S. JOHNSON MS 03/21/2009