

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90023 012 \*\*\*\*61.25

**DOCUMENT # N05000001507**

1. Entity Name  
**TABERNALE OF DAVID, INC.**



Principal Place of Business  
**1111 WEST FAITH CL.  
2001  
BRADENTON, FL 34212**

Mailing Address  
**P. O. BOX 21294  
BRADENTON, FL 34204**

**50000649**



2. Principal Place of Business - No P.O. Box  
**2311 14th Ave W**

3. Mailing Address  
**2311 14th Ave W**

**#508**

Suite, Apt. #, etc.  
**#508**

01112007 Chg-NP CR2E037 (12/06)

City & State  
**PALMETTO, FL**

City & State  
**PALMETTO, FL**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

Zip  
**34221** Country  
**FLORIDA**

Zip  
**34221** Country  
**FLORIDA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HOWELL, MARY S  
1111 WEST FAITH CL.  
2001  
BRADENTON, FL 34212**

**7. Name and Address of New Registered Agent**

Name  
**DICK K HARDIN**  
Street Address (P.O. Box Number is Not Acceptable)  
**2311 14th Ave W**  
**#508**  
City  
**PALMETTO** **FL** Zip Code  
**34221**

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

*Dick K. Hardin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1/11/07*  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
**PD** ☐ Delete  
NAME  
**HINTON, DANIEL A**  
STREET ADDRESS  
**1012 WEST FAITH CL.**  
CITY-ST-ZIP  
**BRADENTON, FL 34212**

TITLE  
**VD** ☐ Delete  
NAME  
**HINTON, CAROL E**  
STREET ADDRESS  
**1012 WEST FAITH CL.**  
CITY-ST-ZIP  
**BRADENTON, FL 34212**

TITLE  
**SD** ☒ Delete  
NAME  
**HOWELL, MARY S**  
STREET ADDRESS  
**1111 WEST FAITH CL. W., #2001**  
CITY-ST-ZIP  
**BRADENTON, FL 34212**

TITLE  
**TD** ☐ Delete  
NAME  
**PUGH, HIXSON**  
STREET ADDRESS  
**1012 WEST FAITH CL.**  
CITY-ST-ZIP  
**BRADENTON, FL 34212**

TITLE  
**D** ☐ Delete  
NAME  
**HELMS, BERNIE**  
STREET ADDRESS  
**15009 SR 64 E.**  
CITY-ST-ZIP  
**BRADENTON, FL 34212**

TITLE  
**D** ☐ Delete  
NAME  
**HELMS, SANDY**  
STREET ADDRESS  
**15009 SR 64 E.**  
CITY-ST-ZIP  
**BRADENTON, FL 34212**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
**SD HARDIN, DICK K**  
STREET ADDRESS  
**2311 14th Ave W #508**  
CITY-ST-ZIP  
**PALMETTO, FL 34221**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*11 JAN 07*