

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jan 23, 2007**  
**Secretary of State**

DOCUMENT# N05000011038

**Entity Name:** THE TABERNACLE INDEPENDENT CHURCH OF THE NAZARENE, INC.**Current Principal Place of Business:**900 SOUTH DELANEY AVENUE  
AVON PARK, FL 33825**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 136 LAURELWOOD DRIVE  
SAVANNAH, GA 31419**New Mailing Address:****FEI Number:** 65-0964082**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**JOSEPH, BELIZAIRE FOUNDER  
2115 SUNSET DRIVE  
SEBRING, FL 33870 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: P. F ( ) Delete  
Name: JOSEPH, BELIZAIRE BISHOP  
Address: 2115 SUNSET DRIVE  
City-St-Zip: SEBRING, FL 33870

Title: PT. ( ) Delete  
Name: JEAN-METHODE, MICHELIN REV. 1  
Address: 2115 SUNSET DRIVE  
City-St-Zip: SEBRING, FL 33870

Title: D.TR ( ) Delete  
Name: DORSAN, DOR DA  
Address: 3245 MEMORIAL DRIVE  
City-St-Zip: SEBRING, FL 33870

Title: DA ( ) Delete  
Name: JACQUES, CLAUDES DA  
Address: 324 TULANE ROAD  
City-St-Zip: AVON PARK, FL 33825

Title: SEC ( ) Delete  
Name: TBA, TBA TBA  
Address: T.B.A  
City-St-Zip: T.B.A, T. T.B.A

Title: TR. ( ) Delete  
Name: SAINT-LOUIS, MARIE-JOCELINE TREAS.  
Address: 1000 LAKE ANOKA BLDV  
City-St-Zip: AVON PARK, FL 33825

**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: TBA (X) Change ( ) Addition  
Name: NONE, NONE NONE  
Address: NONE  
City-St-Zip: AVON PARK, FL 33825

Title: N/A (X) Change ( ) Addition  
Name: TBA, TBA TBA  
Address: T.B.A  
City-St-Zip: T.B.A, T. T.B.A

Title: TB.A (X) Change ( ) Addition  
Name: TBA, TBA TBA  
Address: TBA  
City-St-Zip: TBA, TB TBA

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: FOUNDER/ BISHOP. BELIZIARE JOSEPH

FOUN

01/23/2007

Electronic Signature of Signing Officer or Director

Date