

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N14328

1. Entity Name
TABERNALE OF THE TEMPLES FELLOWSHIP, INC.



Principal Place of Business
4100 BEVERLY AVE
P O BOX 9578
JACKSONVILLE, FL 32208

Mailing Address
4100 BEVERLY AVE
P O BOX 9578
JACKSONVILLE, FL 32208



04112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2711096

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SEYMORE, LEON B.
4100 BEVERLY AVENUE
JACKSONVILLE, FL 32208

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

U00000561754
05/19/06-80027-010 61.25

10. OFFICERS AND DIRECTORS

TITLE PM
NAME SEYMORE, LEON B.
STREET ADDRESS 4100 BEVERLY AVE
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE D
NAME DIX, FAYE
STREET ADDRESS 6939 RESTLAWN DR
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE D
NAME HOWARD, BRENDA
STREET ADDRESS 642 MILLRUN CT
CITY-ST-ZIP MACON, GA 31210

TITLE VD
NAME SEYMORE, VIVIAN J
STREET ADDRESS 4100 BEVERLY AVE
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE SD
NAME KIRKLAND, FRANCES
STREET ADDRESS 4912 DONCASTER AVE.
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE TD
NAME PINKNEY-BELL, HELEN
STREET ADDRESS 4845 SR 207
CITY-ST-ZIP ELKTON, FL 32033

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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: *Helen Pinkney Bell* *Helen Pinkney Bell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06
Date

904 7654123
Daytime Phone #