

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90015 039 ****61.25

DOCUMENT # N14328 1. Entity Name TABERNACLE OF THE TEMPLES FELLOWSHIP, INC.	
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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
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DO NOT WRITE IN THIS SPACE



07312007 No Chg-NP CR2E037 (4/06)

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
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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.

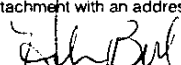
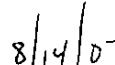
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM SEYMORE, LEON B. 4100 BEVERLY AVE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIX, FAYE 6939 RESTLAWN DR JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, BRENDA 642 MILLRUN CT MACON, GA 31210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEYMORE, VIVIAN J 4100 BEVERLY AVE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIRKLAND, FRANCES 4912 DONCASTER AVE. JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PINKNEY-BELL, HELEN 4645 SR 207 ELKTON, FL 32033

**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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 8/14/07 Daytime Phone # _____