

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90279 021 ****61.25

DOCUMENT # N28306

1. Entity Name
TABERNACLE DAY CARE CENTER, INCORPORATED



Principal Place of Business
**950 WEST 13TH STREET
SANFORD, FL 32771**

Mailing Address
**PO BOX 1822
SANFORD, FL 32772-1822**

DO NOT WRITE IN THIS SPACE



03112004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2144961

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BUIE, CARSANDRA
550 ELMCREST PLACE
DEBARY, FL 32713**

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	BRYANT, CARRIE B.
STREET ADDRESS	550 ELMCREST PLACE
CITY-ST-ZIP	DE BARY, FL 32713
TITLE	D
NAME	NATHAN, RONALD
STREET ADDRESS	567 ELMCREST PLACE
CITY-ST-ZIP	DE BARY, FL 32713
TITLE	D
NAME	BUIE, CARSANDRA
STREET ADDRESS	550 ELMCREST PLACE
CITY-ST-ZIP	DE BARY, FL 32713
TITLE	D
NAME	DIXON, JANICE
STREET ADDRESS	297 ADELAINE STREET
CITY-ST-ZIP	DE BARY, FL 32713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Carrie B Bryant* **CARRIE B. BRYANT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04
Date

386-774-9159
Daytime Phone #