2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005
Secretary of State

DOCUMENT# N28306

Entity Name: TABERNACLE DAY CARE CENTER, INCORPORATED

Current Principal Place of Business:

950 WEST 13TH STREET
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

PO BOX 1822
SANFORD, FL 327721822

New Mailing Address:

FEI Number: 59-2144961 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BUIE, CARSANDRA
550 ELMCREST PLACE
DEBARY, FL 32713 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: C ( ) Delete
Name: BRYANT, CARRIE B.,
Address: 550 ELMCREST PLACE
City-St-Zip: DE BARY, FL 32713

Title: D ( ) Delete
Name: NATHAN, RONALD,
Address: 567 ELMCREST PLACE
City-St-Zip: DE BARY, FL 32713

Title: D ( ) Delete
Name: BUIE, CARSANDRA
Address: 550 ELMCREST PLACE
City-St-Zip: DE BARY, FL 32713

Title: D ( ) Delete
Name: DIXON, JANICE
Address: 297 ADELAINE STREET
City-St-Zip: DE BARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: BRYANT, CARRIE B
Address: 550 ELMCREST PLACE
City-St-Zip: DE BARY, FL 32713

Title: D (X) Change ( ) Addition
Name: NATHAN, RONALD
Address: 567 ELMCREST PLACE
City-St-Zip: DE BARY, FL 32713

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BUIE CARSANDRA D 05/11/2005
Electronic Signature of Signing Officer or Director — Date