

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28306

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**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 ( )**

**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  
Name: BRYANT, CARRIE B  
Address: 550 ELMCREST PLACE  
City-St-Zip: DE BARY, FL 32713

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CARRIE B BRYANT

C

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date