

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 27, 2006
Secretary of State**

DOCUMENT# N45411

Entity Name: TAMPA BAY TABERNACLE, INC.

Current Principal Place of Business:

715E BIRD STREET
TAMPA, FL 336043101

New Principal Place of Business:

Current Mailing Address:

715 E BIRD STREET
TAMPA, FL 336043101

New Mailing Address:

FEI Number: 59-3106331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PORTALATIN, SAMUEL
3914 MISTY CT.
LAND O LAKES, FL 34639 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: PD () Delete
Name: PORTALATIN, SAMUEL
Address: 3914 MISTY CT.
City-St-Zip: LAND O LAKES, FL 34639

Title: TSD () Delete
Name: PORTANLATIN, JENNY P
Address: 3914 MISTY CT.
City-St-Zip: LAND O LAKES, FL 34639

Title: D () Delete
Name: CABRERA, JUAN
Address: 6012 TOWN&COUNTRY BLVD.
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: FENSKE, EDWARD
Address: 6712 SANDSCAPE LN.
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D () Delete
Name: PORTALATIN, ELIAS
Address: 22647 WEEKS BLVD
City-St-Zip: LAND O LAKES, FL 34639

Title: D () Delete
Name: PORTALATIN, SAMUEL V
Address: 26947 STILLBROOK DR.
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 Chapter 119, 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: SAMUEL PORTALATIN

PD

03/27/2006

Electronic Signature of Signing Officer or Director

_____ Date