


FILE NOW: FILING FEE IS \$61.25

FILED  
May 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moritham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48868** (6)  
1. Corporation Name  
**THE TABERNACLE OF THE HIGHER POWER, INC.**



Principal Place of Business <b>433 SOUTH MAIN STREET LAKE PLACID FL 33852 US</b>	Mailing Address <b>P.O. BOX 3300 LAKE PLACID FL 33852 US</b>
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3. Date Incorporated or Qualified <b>05/14/1992</b>	
4. FEI Number <b>59-3124651</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RANDOLPH, NATHANIEL  
1928 DECATOR STREET  
SEBRING FL 33870**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RANDOLPH, NATHANIEL</b>	
STREET ADDRESS	<b>4 CAMELOT CT.</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RANDOLPH, ANGELA</b>	
STREET ADDRESS	<b>4 CAMLOT CT.</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RANDOLPH, GERALD</b>	
STREET ADDRESS	<b>17 CENTRAL AVE.</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RANDOLPH, PATRICIA</b>	
STREET ADDRESS	<b>17 CENTRAL AVE.</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>NATHANIEL Randolph D.</b>	
1.3 STREET ADDRESS	<b>603 WILSON AVE. NE</b>	
1.4 CITY-ST-ZIP	<b>Lake Placid FLA. 33852</b>	
2.1 TITLE	<b>Vice President D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Angela Randolph</b>	
2.3 STREET ADDRESS	<b>603 Wilson Ave. N.E</b>	
2.4 CITY-ST-ZIP	<b>Lake Placid FLA. 33852</b>	
3.1 TITLE	<b>D. Randolph, Patricia</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Patricia</b>	
3.3 STREET ADDRESS	<b>118 Abel Rd.</b>	
3.4 CITY-ST-ZIP	<b>Lake Placid FLA. 33852</b>	
4.1 TITLE	<b>D. Randolph, GERALD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Gerald</b>	
4.3 STREET ADDRESS	<b>118 Abel Rd.</b>	
4.4 CITY-ST-ZIP	<b>Lake Placid FLA. 33852</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nathaniel Randolph* *5/20/98*

CR2E037 (10/97)