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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N48868					
1. Corporation Name THE TABERNACLE OF THE HIGHER POWER, INC.					
Principal Place of Business 433 SOUTH MAIN STREET LAKE PLACID FL 33852 US			Mailing Address P.O. BOX 3300 LAKE PLACID FL 33852 US		

3 72840-90044-15



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/14/1992	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3124651	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30			

9. Name and Address of Current Registered Agent RANDOLPH, NATHANIEL 1928 DECATOR STREET SEBRING FL 33870				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83 603 WILSON AVE.NE	
				84 City Lake Placid	
				FL 85 Zip Code 33852	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANDOLPH, NATHANIEL 603 WILSON AVENUE N E LAKE PLACID FL 33852			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RANDOLPH, ANGELA 603 WILSON AVENUE N E LAKE PLACID FL 33852			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDOLPH, PATRICIA 718 ABEL RD LAKE PLACID FL 33852			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDOLPH, GERALD 118 ABEL RD LAKE PLACID FL 33852			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDA ELLISON 721 TANGERINE Road NW LAKE PLACID FL 33852			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Treasurer - D MARY JEAN CARPENTER J-08 STAFFORD DR. Lake Placid FL, 33852		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE 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, with all other like empowered.

SIGNATURE: President NATHANIEL RANDOLPH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/99 (941) 46590