SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE [illegible]: $1[illegible] (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: [illegible])

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

7-10-95 B-7738 MCC

FILED
95 JUL 10 AM 9: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004657 (2)

1. Corporation Name

THE TABERNACLE CHRISTIAN COLLEGE, INC.

Principal Place of Business	Mailing Address
163 W. 20TH ST. RIVIERA BEACH FL 33404	P.O. BOX 10201 RIVIERA BEACH FL 33419

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1994
3a. Date of Last Report:
4. FEI Number: 65-0582232 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARCEL, SHIRLEY 163 W. 20TH ST. RIVIERA BEACH FL 33404	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1.1 TITLE ☐ Change ☐ Addition
NAME	WILLIAMS, HAYWOOD N	1.2 NAME
STREET ADDRESS	142 E. 23RD ST.	1.3 STREET ADDRESS
CITY-ST-ZIP	RIVIERA BEACH FL 33404	1.4 CITY-ST-ZIP
TITLE	D	2.1 TITLE ☐ Change ☐ Addition
NAME	MARCEL, SHIRLEY	2.2 NAME
STREET ADDRESS	360 W. 22ND ST.	2.3 STREET ADDRESS
CITY-ST-ZIP	RIVIERA BEACH FL 33404	2.4 CITY-ST-ZIP
X TITLE	DS	3.1 TITLE ☐ Change ☐ Addition
NAME	JONES, CINDY	3.2 NAME
STREET ADDRESS	2313 Z TERRACE	3.3 STREET ADDRESS
CITY-ST-ZIP	RIVIERA BEACH FL 33404	3.4 CITY-ST-ZIP
X TITLE	DS	4.1 TITLE ☐ Change ☐ Addition
NAME	HICKS, CONSTANCE	4.2 NAME
STREET ADDRESS	109 E. 20TH ST.	4.3 STREET ADDRESS
CITY-ST-ZIP	RIVIERA BEACH FL 33404	4.4 CITY-ST-ZIP
TITLE	DT	5.1 TITLE ☐ Change ☐ Addition
NAME	DUNBAR, DIANE	5.2 NAME
STREET ADDRESS	4738 CHERRY RD.	5.3 STREET ADDRESS
CITY-ST-ZIP	WEST PALM BEACH FL 33417	5.4 CITY-ST-ZIP
TITLE	D	6.1 TITLE ☐ Change ☐ Addition
NAME	MARCEL, JAMES	6.2 NAME
STREET ADDRESS	360 W. 22ND ST.	6.3 STREET ADDRESS
CITY-ST-ZIP	RIVIERA BEACH FL 33404	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Shirley Marcel Administrator/Registrar 6/23/95 (407)8489746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

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