

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**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 33419-0201**3. Date Incorporated or Qualified
09/19/19943a. Date of Last Report
06/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

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

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, HAYWOOD N	
STREET ADDRESS	142 E. 23RD ST.	
CITY - ST - ZIP	RIVIERA BEACH FL 33404	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARCEL, SHIRLEY	
STREET ADDRESS	360 W. 22ND ST.	
CITY - ST - ZIP	RIVIERA BEACH FL 33404	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Marcel, Shirley
2.3 STREET ADDRESS	173 West 18th Street
2.4 CITY - ST - ZIP	Riviera Beach, FL 33404

TITLE	DS	<input type="checkbox"/> DELETE
NAME	JONES, CINDY	
STREET ADDRESS	15628 87TH COURT	
CITY - ST - ZIP	LOXAHATCHEE FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	MARNAKE DIXON	
STREET ADDRESS	2356 PARK ROAD	
CITY - ST - ZIP	WEST PALM BEACH FL	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dixon, Marnake
4.3 STREET ADDRESS	2234 N.E. 2nd Street
4.4 CITY - ST - ZIP	Bonnyton Beach, FL 33435

TITLE	DT	<input type="checkbox"/> DELETE
NAME	DUNBAR, DIANE	
STREET ADDRESS	4738 CHERRY RD.	
CITY - ST - ZIP	WEST PALM BEACH FL 33417	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARCEL, JAMES	
STREET ADDRESS	360 W. 22ND ST.	
CITY - ST - ZIP	RIVIERA BEACH FL 33404	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Marcel, James
6.3 STREET ADDRESS	173 West 18th Street
6.4 CITY - ST - ZIP	Riviera Beach FL 33404

14. I do 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:

Shirley M. Marcello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/96 (561) 8483549

Date

Daytime Phone # 0041551

CR2E037 (9/96)