

FILE NOW: FILING FEE IS \$61.25

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May 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Matham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

**09/19/1994**

4. FEI Number

**65-0582232**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**22** City & State

**24** Zip **25** Country **26** Zip **27** Country

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

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** ☐ DELETE  
NAME **WILLIAMS, HAYWOOD N**  
STREET ADDRESS **142 E. 23RD ST.**  
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

1.1 TITLE **D** ☐ Change ☐ Addition  
1.2 NAME **Dean**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MARCEL, SHIRLEY**  
STREET ADDRESS **173 WEST 18TH ST**  
CITY-ST-ZIP **RIVIERA BEACH FL**

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME **Administrator**  
2.3 STREET ADDRESS **Marcel, Shirley**  
2.4 CITY-ST-ZIP **173 West 18th Street**  
**Riviera Beach, FL 33404**

TITLE **DS** ☒ DELETE  
NAME **JONES, CINDY**  
STREET ADDRESS **15628 67TH COURT**  
CITY-ST-ZIP **LOXAHATCHEE FL**

3.1 TITLE **DS** ☐ Change ☒ Addition  
3.2 NAME **Registrar**  
3.3 STREET ADDRESS **Lamm, Paula**  
3.4 CITY-ST-ZIP **807 S. W. 5th Avenue**  
**Delray Beach, FL 33444**

TITLE **DS** ☒ DELETE  
NAME **MARNAKE DIXON**  
STREET ADDRESS **2234 NE 2ND ST**  
CITY-ST-ZIP **BOYNTON BCH FL**

4.1 TITLE **DS** ☐ Change ☒ Addition  
4.2 NAME **Administrative Secretary**  
4.3 STREET ADDRESS **Davis, Tammy**  
4.4 CITY-ST-ZIP **2941 Cortez Lane**  
**Delray Beach, FL 33445**

TITLE **DT** ☒ DELETE  
NAME **DUNBAR, DIANE**  
STREET ADDRESS **4738 CHERRY RD.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

5.1 TITLE **DT** ☐ Change ☒ Addition  
5.2 NAME **Treasurer**  
5.3 STREET ADDRESS **Williams, Heather**  
5.4 CITY-ST-ZIP **1917 North Congress Avenue**

TITLE **D** ☒ DELETE  
NAME **MARCEL, JAMES**  
STREET ADDRESS **173 WEST 18TH ST**  
CITY-ST-ZIP **RIVIERA BEACH FL**

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **Assistant To Dean**  
6.3 STREET ADDRESS **Edwards, Octavius**  
6.4 CITY-ST-ZIP **5872 Thigledown Court**  
**West Palm Beach, FL 33411**

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

*[Signature]*

4/22/98 (561) 848 2509

CR2E037 (10/97)

5/11/98

D Williams, Haywood N.

D Edwards, Octavius

D Marcel, Shirley

DS Lazim, Paula

DS Davis, Tammy

DT Williams, Heather

Thanks  
S Marcel