


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90023 044 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N94000004657</b>					
1. Corporation Name <b>THE TABERNACLE CHRISTIAN COLLEGE, INC.</b>					
Principal Place of Business 163 W. 20TH ST. RIVIERA BEACH FL 33404			Mailing Address P.O. BOX 10201 RIVIERA BEACH FL 33419		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>09/19/1994</b> 4. FEI Number <b>65-0582232</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
9. Name and Address of Current Registered Agent <b>MARCEL, SHIRLEY</b> <b>163 W. 20TH ST.</b> <b>RIVIERA BEACH FL 33404</b>			10. Name and Address of New Registered Agent 81 Name <b>Tammy R. Davis</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <b>Tammy R. Davis</b> DATE <b>1-13-99</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>WILLIAMS, HAYWOOD N</b> STREET ADDRESS <b>142 E. 23RD ST.</b> CITY-ST-ZIP <b>RIVIERA BEACH FL 33404</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <b>AF</b> <input checked="" type="checkbox"/> DELETE NAME <b>MARCEL, SHIRLEY</b> STREET ADDRESS <b>173 WEST 18TH ST</b> CITY-ST-ZIP <b>RIVIERA BEACH FL</b>			2.1 TITLE <b>AF</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>DAVIS, TAMMY R.</b> 2.3 STREET ADDRESS <b>1000 10th Avenue Apt 11</b> 2.4 CITY-ST-ZIP <b>Lake Worth, FL 33460</b>		
TITLE <b>DA</b> <input type="checkbox"/> DELETE NAME <b>LARIM, PAULA</b> STREET ADDRESS <b>807 SW 5TH AVE</b> CITY-ST-ZIP <b>DELRAY BEACH FL 33444</b>			3.1 TITLE <b>DA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>LAZIM, Paula</b> 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <b>DSA</b> <input type="checkbox"/> DELETE NAME <b>DAVIS, TAMMY</b> STREET ADDRESS <b>2941 CORTZ LANE</b> CITY-ST-ZIP <b>DELRAY BEACH FL 33445</b>			4.1 TITLE <b>DSA</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME <b>Benjamin, Fushia</b> 4.3 STREET ADDRESS <b>1001 36th Street, Apt A108</b> 4.4 CITY-ST-ZIP <b>West Palm Beach, FL 33407</b>		
TITLE <b>DT</b> <input type="checkbox"/> DELETE NAME <b>WILLIAMS, HEATHER</b> STREET ADDRESS <b>1917 N CONGRESS AVE</b> CITY-ST-ZIP <b>WEST PALM BEACH FL 33417</b>			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>OCTAVIUS, EDWARDS</b> STREET ADDRESS <b>5872 THISLEDOWN CT</b> CITY-ST-ZIP <b>W PALM BEACH FL 33415</b>			6.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME <b>Edwards, Octavius</b> 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:

**HEATHER WILLIAMS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-13-99 (561) 848-3549**

CR2E037 (11/98)