2002 UNIFORM BUSINESS REPORT (UBR)

Apr 15, 2002 8:00 am Secretary of State DOCUMENT # **N94000004657** 1. Entity Name THE TABERNACLE CHRISTIAN COLLEGE, INC. 04-15-2002 90055 027 ****61.25 Principal Place of Business Mailing Address 163 W. 20TH ST. P.O. BOX 10201 RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33419 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0582232 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MOSES, JEROME R II 521 W 25TH ST RIVIERA BEACH FL 33404 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change - ☐ Addition. Nadia Stewart NAME WILLIAMS, HAYWOOD N NAME 3651 San castle Blud. STREET ADDRESS STREET ADDRESS 142 E. 23RD ST. CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL 33404 Lantana FL 33462 TITLE ☐ Delete TITLE ☐ Change Addition NAME THOMAS, LAVETRA NAME STREET ADDRESS STREET ADDRESS 4017 TEMPLE ST CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407 TITLE Delete TITLE Change - Addition EASLEY, WILLIAM NAME STREET ADDRESS STREET ADDRESS 151 PIPER RIDGE CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Addition TITLE ☐ Delete TITLE ☐ Change MOSES, JEROME R II STREET ADDRESS 521 W 25TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL 33404 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.