2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N94000004657

Entity Name: TABERNACLE CHRISTIAN UNIVERSITY, INC.

Current Principal Place of Business:

163 W. 20TH ST.
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10201
RIVIERA BEACH, FL 33419

New Mailing Address:

FEI Number: 65-0582232 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSES, JEROME R II
521 W 25TH ST
RIVIERA BEACH, FL 33404 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILLIAMS, HAYWOOD N
Address: 142 E. 23RD ST.
City-St-Zip: RIVIERA BEACH, FL 33404

Title: ADM ( ) Delete
Name: STEWART, NADIA
Address: 3651 SAN CASTLE BLVD.
City-St-Zip: LANTANA, FL 33462

Title: DOA (X) Delete
Name: ROBERTS, TROY
Address: 900 W 4TH STREET
City-St-Zip: WEST PALM BEACH, FL 33404

Title: D ( ) Delete
Name: MOSES, JEROME R II
Address: 521 W 25TH ST
City-St-Zip: RIVIERA BEACH, FL 33404

Title: DOAA ( ) Delete
Name: PRICE, MARY
Address: 1711 AVENUE F
City-St-Zip: RIVIERA BEACH, FL 33404

Title: AS (X) Delete
Name: FREEMAN, DONNA
Address: 1330 W. 24TH STREET
City-St-Zip: WEST PALM BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NADIA STEWART ADM 04/27/2005
Electronic Signature of Signing Officer or Director — Date