2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
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 (X)**

Name and Address of Current Registered Agent:

WILLIAMS, HAYWOOD N DIRECTO
10821 NORTH MILITARY TRAIL
21D
PAL BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

WILLIAMS, HAYWOOD N DIRECTO
10821 NORTH MILITARY TRAIL
21D
PALM BEACH GARDENS, FL 33410 US

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: _____ 04/10/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILLIAMS, HAYWOOD N D/VICE
Address: 10821 NORTH MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete
Name: MOSES II, JEROME R S/DEAN
Address: 521 WEST 25TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D ( ) Delete
Name: PRICE, MARY G T/DIREC
Address: 1711 AVENUE F
City-St-Zip: RIVIERA 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: HAYWOOD N. WILLIAMS D 04/10/2007
Electronic Signature of Signing Officer or Director — Date