

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90233 007 ****61.25

DOCUMENT # N95000004833

1. Entity Name

TABERNACLE MINISTRIES, INC.



Principal Place of Business

355 CINDY LANE
BRANDON FL 33510
US

Mailing Address

P O BOX 89485
TAMPA FL 33689
US

2. Principal Place of Business

11212 St. Andrews Ct.
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State

Riverview, FL
Zip 33569
Country USA

City & State

Zip Country

4. FEI Number

59-2252608

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANGSTON, LONNIE
355 CINDY LANE
BRANDON FL 33510

7. Name and Address of New Registered Agent

Name: Lonnie Langston
Street Address (P.O. Box Number is Not Acceptable):
11212 St. Andrews Ct.
City: Riverview FL Zip Code: 33569

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LANGSTON, LONNIE
STREET ADDRESS 355 CINDY LANE
CITY-ST-ZIP BRANDON FL 33510 ☐ Delete

TITLE VD
NAME LANGSTON, LARRY
STREET ADDRESS 1971 W LUNGDEN ROAD #302
CITY-ST-ZIP BRANDON FL 33511 ☒ Delete

TITLE SD
NAME LANGSTON, LANA
STREET ADDRESS 355 CINDY LANE
CITY-ST-ZIP BRANDON FL 33510 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE PD
NAME Langston, Lonnie
STREET ADDRESS 11212 St. Andrews Ct.
CITY-ST-ZIP Riverview, Fla. 33569 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME Langston, LANA
STREET ADDRESS 11212 St. Andrews Ct.
CITY-ST-ZIP Riverview, Fla. 33569 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #