

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90049 038 \*\*\*\*61.25

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N95000005958</b><br>1. Entity Name<br><b>TABERNACLE OF ZION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        |                                                                                    |                                                                      |                                                                                                                   |  |
| Principal Place of Business<br><b>928 W FAITH CIRCLE<br/>BRADENTON, FL 33508</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                        |                                                                                    | Mailing Address<br><b>P.O. BOX 1541<br/>BRADENTON, FL 34205-1541</b> |                                                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                    | 3. Mailing Address<br>Suite, Apt. #, etc.                            |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        |                                                                                    | City & State                                                         |                                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        | Country                                                                            |                                                                      | Zip                                                                                                               |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        | Country                                                                            |                                                                      | 01252005 Chg-NP CR2E037 (10/03)                                                                                   |  |
| 4. FEI Number<br><b>NOT APPLICABLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        |                                                                                    |                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                        |                                                                                    |                                                                      | <b>\$8.75 Additional Fee Required</b>                                                                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>AUERBACH, EFROCINE DR.<br/>928 W FAITH CIRCLE<br/>BRADENTON, FL 33508</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        |                                                                                    |                                                                      | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        |                                                                                    |                                                                      | FL Zip Code                                                                                                       |  |
| SIGNATURE _____<br><small>(Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when changing.)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                        |                                                                                    |                                                                      |                                                                                                                   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |                                                                      | <b>\$5.00 May Be Added to Fees</b>                                                                                |  |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        |                                                                                    |                                                                      |                                                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        |                                                                                    |                                                                      |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br><b>AVERBACH, ISRAEL DR.<br/>928 W FAITH CIRCLE<br/>BRADENTON, FL 33508</b> <input type="checkbox"/> Delete       |                                                                                    |                                                                      |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VPD<br><b>AVERBACH, EFROCINE DR.<br/>928 W FAITH CIRCLE<br/>BRADENTON, FL 33508</b> <input type="checkbox"/> Delete    |                                                                                    |                                                                      |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STD<br><b>FIOTES, CHRISTOPHER P III<br/>928 W FAITH CIRCLE<br/>BRADENTON, FL 33508</b> <input type="checkbox"/> Delete |                                                                                    |                                                                      |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                        |                                                                                    |                                                                      |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                        |                                                                                    |                                                                      |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                        |                                                                                    |                                                                      |                                                                                                                   |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        |                                                                                    |                                                                      |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |                                                                                    |                                                                      |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |                                                                                    |                                                                      |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |                                                                                    |                                                                      |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |                                                                                    |                                                                      |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered. |                                                                                                                        |                                                                                    |                                                                      |                                                                                                                   |  |
| <b>SIGNATURE:</b> <i>[Signature]</i> <b>AUERBACH, EFROCINE DR.</b> <i>March 6, 2005</i> <b>V.P.D.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                    |                                                                      |                                                                                                                   |  |