

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 26, 1999 8:00 am  
Secretary of State

07-26-1999 90001 035 \*\*\*\*70.00

DOCUMENT # N98000005767

1. Corporation Name

TABERNALE COMMUNITY CHURCH, INC.

Principal Place of Business

1024 SOUTH 78TH STREET  
TAMPA FL 33619

Mailing Address

1024 SOUTH 78TH STREET  
TAMPA FL 33619



2. Principal Place of Business

21 See ABOVE 1024 So. 78th St

2a. Mailing Address

26 Same 1024 So. 78th St

3. Date Incorporated or Qualified

10/06/1998

22 Suite, Apt. #, etc.

23 N/A

27 Suite, Apt. #, etc.

28 N/A

4. FEI Number

59-3575327

Applied For

Not Applicable

23 City & State

Tampa, Fla.

28 City & State

Tampa, Fla.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

24 Zip

33619

25 Country

USA

29 Zip

33619

30 Country

USA

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

LANGSTON, LAWRENCE  
1024 SOUTH 78TH STREET  
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME LANGSTON, LAWRENCE  
STREET ADDRESS 1010 S. 76 ST  
CITY-ST-ZIP TAMPA FL 33619

DELETE

TITLE DV  
NAME SUGGS, ROGER  
STREET ADDRESS 1708 WINDSOR WAY  
CITY-ST-ZIP TAMPA FL 33619

DELETE

TITLE DS  
NAME LANGSTON, LANA R  
STREET ADDRESS 1010 S-76 ST  
CITY-ST-ZIP TAMPA FL 33619

DELETE

TITLE DT  
NAME HENRY, ANGELA M  
STREET ADDRESS 1003 W KENTUCKY AVE  
CITY-ST-ZIP TAMPA FL 33603

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, upon an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/99

Date

813-628-9322

Daytime Phone #

CR2E037 (5/99)

0007273