


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90121 013 ****70.00

DOCUMENT # **701031**
1. Entity Name
The TABERNACLE, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4141 DeSoto Road
Suite, Apt. #, etc.

3. Mailing Address
4141 DeSoto Rd.
Suite, Apt. #, etc.

City & State
SARASOTA, FL

City & State
Sarasota, FL

Zip
34235 Country
SARASOTA

Zip
34235 Country
SARASOTA

4. FEI Number
59-1353567

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Robert George Wilman**

Street Address (P.O. Box Number is Not Acceptable)
240 N. Washington Blvd., Suite 305

City **SARASOTA** FL Zip Code **34236**

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.

N/A.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FEE IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

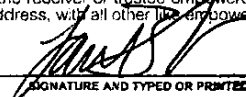
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President David Dean 1908 4th St. Palmetto, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Don Light, Jr. 1007 136th St E Bradenton, FL 34212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treas Lance Wiegand 3120 58th Terrace E Bradenton, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mike Ricci 9414 Hawksmoor Lane Sarasota, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Eric Walmsley 8321 Sylvan Woods Dr. Sarasota, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ed Chupp 7619 North Leewyn Dr. Sarasota, FL 34240

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other information as required.

SIGNATURE:  **Ed Chupp**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-24-05** Us/In Phone # **9078803**

CR2E037B (12/02)