

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90112 026 ****70.00



DOCUMENT # 701031
 1. Entity Name
THE TABERNACLE, INC.

Principal Place of Business
4141 DESOTO ROAD
SARASOTA, FL 34235

Mailing Address
4141 DESOTO ROAD
SARASOTA, FL 34235



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01102006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1353567

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
WILLMAN, ROBERT GEORGE
240 N. WASHINGTON BLVD
SUITE 305
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name **Robert George Willman**

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.

SIGNATURE *Robert G. Willman* **Robert G. Willman** **3-1-06**

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

Filing Fee is \$61.25 Due by May 1, 2006

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 | STG WIEGAND, LANCE 3120 58TH TERR E BRADENTON, FL 34203 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DEAN, DAVID 1908 4TH ST WEST PALMETTO, FL 34232 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICCI, MIKE 9414 HAWKSMOOR LANE SARASOTA, FL 34238 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LIGHT, DON J 1007 136TH ST E BRADENTON, FL 34212 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALMSLEY, ERIC 8321 SYLVAN WOODS SARASOTA, FL 34243 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS CHUPP, ED 7619 NORTH LEEWYN DR SARASOTA, FL 34240 <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE - PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STG LUIS SOLARI 6607 Butlers Crest Dr. Bradenton, FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS BOB GREENWOOD 5117 19th Lane East Bradenton, FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS 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 exemptions contained 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 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.

SIGNATURE: *Luis Solari* **Luis Solari** **2-24-06** **941-355-8858**

Signature and typed or printed name of signing officer or director Date Daytime Phone #