


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90063 010 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1353567	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILLMAN, ROBERT G 240 N. WASHINGTON BLVD SUITE 305 SARASOTA, FL 34236			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIEGAND, LANCE		NAME	GARY Heffner	
STREET ADDRESS	3120 58TH TERR E		STREET ADDRESS	1135 Stoeber Ave	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	Sarasota, Fl. 34232	
TITLE	STG	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLARI, LUIS		NAME	Luis Solari	
STREET ADDRESS	6607 BUTLER'S CREST DR		STREET ADDRESS	6607 Butlers Crest Dr.	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	Bradenton, Fl 34203	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICCI, MIKE		NAME		
STREET ADDRESS	9414 HAWKSMOOR LANE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIGHT, DON J		NAME	LAMAR Holsopple	
STREET ADDRESS	1007 136TH ST E		STREET ADDRESS	4520 Robin Hood Trail	
CITY-ST-ZIP	BRADENTON, FL 34212		CITY-ST-ZIP	Sarasota, FL. 34232	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENWOOD, BOB		NAME		
STREET ADDRESS	5117 19TH LN E		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHUPP, ED		NAME	Eric Walmsley	
STREET ADDRESS	7619 NORTH LEEWYN DR		STREET ADDRESS	8321 Sylvan Wood Dr.	
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP	SARASOTA, FL 34243	
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: _____			3-8-07		941 921 4945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #