

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701031 (7)
1. Corporation Name
THE TABERNACLE, INC.



Principal Place of Business Mailing Address
4141 DESOTO ROAD SARASOTA FL 34235

3. Date Incorporated or Qualified **06/02/1960** 3a. Date of Last Report **03/21/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1353567	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Country	29	Country			

9. Name and Address of Current Registered Agent

**WILLMAN, ROBERT GEORGE
1800 SECOND ST. #918
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	BUSINESS MANAGER (DIRECTOR) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASE, ROBERT	1.2 NAME	JAMES STECHER
STREET ADDRESS	6033 34TH ST. W., APT. 48	1.3 STREET ADDRESS	640 FONTANA LANE
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, KENNETH	2.2 NAME	
STREET ADDRESS	5844 WHISTLEWOOD CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLET, WILLIAM JR	3.2 NAME	
STREET ADDRESS	931 TANGLED OAKS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, WAYNE, D	4.2 NAME	
STREET ADDRESS	6833 CORRAL CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENHAM, CHARLES P.	5.2 NAME	
STREET ADDRESS	1411 29TH ST., W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOULDERS, JOHN	6.2 NAME	
STREET ADDRESS	5016 DELMONTE AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE: James Stecher 1/25/96 (941) 355-8858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)