

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90361 020 \*\*\*\*70.00

**DOCUMENT # 701031**

1. Entity Name  
**THE TABERNACLE, INC.**

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

**LU000136**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1353567</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>WILLMAN, ROBERT GEORGE</b> <b>1800 SECOND ST. #918</b> <b>SARASOTA FL 34236</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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.

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<del>PO</del> <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>WHITEHURST, LEE</b>		NAME	<i>Vice President</i>	
STREET ADDRESS	<b>149 ALPINE CIRCLE</b>		STREET ADDRESS	<i>Lamar Holtsapple</i>	
CITY-ST-ZIP	<b>BRADENTON FL 34208</b>		CITY-ST-ZIP	<i>4520 W Robin Hood Trail</i>	
				<i>Sarasota, FL 34232</i>	
TITLE	<del>PO</del> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>ALBRITTON, JAMES</b>		NAME	<i>Director</i>	
STREET ADDRESS	<b>4139 LINWOOD ST.</b>		STREET ADDRESS	<i>Don Light Sr</i>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>		CITY-ST-ZIP	<i>405 112th St East</i>	
				<i>Bradenton, FL 34202</i>	
TITLE	<i>D Secretary/Treasurer</i> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WALMSLEY, ERIC</b>		NAME		
STREET ADDRESS	<b>4680 CRONIN DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>		CITY-ST-ZIP		
TITLE	<del>PO</del> <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCHROCK, WELDON</b>		NAME		
STREET ADDRESS	<b>2282 ARLINGTON STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>		CITY-ST-ZIP		
TITLE	<i>D</i> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EBY, LYNN</b>		NAME		
STREET ADDRESS	<b>2843 MARK DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>		CITY-ST-ZIP		
TITLE	<del>PO</del> <i>Director - President</i> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GREENWOOD, ROBERT</b>		NAME		
STREET ADDRESS	<b>1301 24TH AVE WEST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>		CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James Walmsley* **SIGNATURE REQUIRED**      *5-4-2001 941-755-8858*

CR2E037 (10/00)